1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information
   - Committee Name (Or Candidate's Name If No Committee):
     Scotts Valley Town Center Now
   - LD. Number: 1276172
   - Street Address (No P.O. Box):
   - City: Scotts Valley
   - State: CA
   - Zip Code: 95066
   - Mailing Address (If Different) No. And Street Or P.O. Box:
   - City: Scotts Valley
   - State: CA
   - Zip Code: 95066
   - Optional: Fax / E-mail Address

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 1/24/16
   Executed on
   Executed on
   Executed on

   By
   Signature of Treasurer or Assistant Treasurer

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 7-01-17
through 12-31-17

SUMMARY PAGE
CALIFORNIA FORM 460
Page 2 of 2
I.D. NUMBER
1276172

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Scotts Valley Town Center Now

Contributions Received

1. Monetary Contributions Schedule A, Line 3 $ __________ $ __________
2. Loans Received Schedule B, Line 3 $ __________ $ __________
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $ __________ $ __________
4. Nonmonetary Contributions Schedule C, Line 3 $ __________ $ __________
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $ __________ $ __________

Expenditures Made

6. Payments Made Schedule E, Line 4 $ __________ $ __________
7. Loans Made Schedule H, Line 3 $ __________ $ __________
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $ __________ $ __________
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $ __________ $ __________
10. Nonmonetary Adjustment Schedule C, Line 3 $ __________ $ __________
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $ __________ $ __________

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 $ __________ $ __________
13. Cash Receipts Column A, Line 3 above $ __________ $ __________
14. Miscellaneous Increases to Cash Schedule I, Line 4 $ __________ $ __________
15. Cash Payments Column A, Line 8 above $ __________ $ __________
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $ __________ $ __________

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 $ __________ $ __________

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse $ __________ $ __________
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $ __________ $ __________

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date
20. Contributions Received $ __________ $ __________
21. Expenditures Made $ __________ $ __________

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) Total to Date
$ __________ $ __________
$ __________ $ __________

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov