Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from ___-01-18___
through ___06-30-18___

Date of election if applicable:
(Month, Day, Year)
N/A

1. Type of Recipient Committee:
☐ All Committees – Complete Parts 1, 2, 3, and 4.
☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

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

Treasurer(s)
NAME OF TREASURER:
Eric P. Selb
MAILING ADDRESS:
CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 234-3322

NAME OF ASSISTANT TREASURER, IF ANY:
Jim Reed
MAILING ADDRESS:
CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 419-1701

OPTIONAL: FAX/E-MAIL ADDRESS

3. Committee Information
I.D. NUMBER:
1276172
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
Scotts Valley Town Center Now
STREET ADDRESS (NO P.O. BOX):
CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 419-1701
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 419-1701

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 7/19/18
By ____________________________
Signature of Treasurer or Assistant Treasurer

Executed on ____________________
By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on ____________________
By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____________________
By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Campaign Disclosure Statement Summary Page**

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Scotts Valley Town Center Now

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**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

1. Monetary Contributions Schedule A, Line 3 | $0.00 | $0.00 |
2. Loans Received Schedule B, Line 3 | $0.00 | $0.00 |
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | $0.00 | $0.00 |
4. Nonmonetary Contributions Schedule C, Line 3 | $0.00 | $0.00 |
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | $0.00 | $0.00 |

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**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Loans Made Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | $0.00 | $0.00 |
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | $0.00 | $0.00 |
10. Nonmonetary Adjustment Schedule C, Line 3 | $0.00 | $0.00 |
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | $0.00 | $0.00 |

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**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Summary Page, Line 16</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Receipts Column A, Line 3 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cash Payments Column A, Line 8 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

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**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents See instructions on reverse</td>
<td>$0.00</td>
</tr>
<tr>
<td>Outstanding Debts Add Line 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

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**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$_________</td>
</tr>
</tbody>
</table>

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.

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