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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

- I.D. NUMBER: 1385125
- COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE): RE ELECT DONNA LIND FOR SCOTTS VALLEY CITY CIOUNCIL 2020
- STREET ADDRESS (NO P.O. BOX): SCOTTS VALLEY, CA 95066
- CITY: SCOTTS VALLEY
- STATE: CA
- ZIP CODE: 95066
- AREA CODE/PHONE: 831-438-4187
- Mailing Address (If different): SCOTTS VALLEY, CA 95066
- CITY: SCOTTS VALLEY
- STATE: CA
- ZIP CODE: 95066
- AREA CODE/PHONE: 831-621-2243
- 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 7/11/2021
Executed on 7/21/2021
Executed on
Executed on

By ____________________________
Signature of Treasurer/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

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www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>DONNA LIND</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>CITY COUNCIL FOR SCOTTS VALLEY CA</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>SCOTTS VALLEY</td>
<td>CA</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

| NAME OF BALLOT MEASURE | N/A |
| BALLOT NO. OR LETTER | JURISDICTION |
| SUPPORT | OPPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary
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 $ 77.00  
7. Loans Made .......................................................... Schedule H, Line 3 $  
8. SUBTOTAL CASH PAYMENTS .................................. Add Lines 6 + 7 $ 77.00  
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 $ 77.00  

Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 667.84  
13. Cash Receipts ......................................................... Column A, Line 3 above $  
14. Miscellaneous Increases to Cash .......................... Schedule I, Line 4 $ 77.00  
15. Cash Payments ......................................................... Column A, Line 8 above $  
16. ENDING CASH BALANCE .................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 590.84  

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

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 $  
   / /  
   / /  
   $  

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

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**Schedule E Payments Made**

**Amounts may be rounded to whole dollars.**

**Statement covers period**

<table>
<thead>
<tr>
<th>from</th>
<th>through</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2021</td>
<td>06/30/2021</td>
</tr>
</tbody>
</table>

**RE ELECT DONNA LIND FOR CITY COUNCIL, 2020**

**I.D. NUMBER**

| 1385125 |

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $ 0**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 0
2. Unitemized payments made this period of under $100 ................................................................. $ 77.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................................................................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................................................................. TOTAL $ 77.00

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