# Recipient Committee Campaign Statement Cover Page

**Statement covers period**

from 7/01/2022 through 12/31/2022

**Date of election if applicable:**

(Month, Day, Year)

11/03/2020

## 1. Type of Recipient Committee: All Committees—Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  
  *(Also Complete Part 5)*
- [ ] General Purpose Committee
  
  *(Also Complete Part 6)*
  
  ○ Sponsored
  
  ○ Small Contributor Committee
  
  ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
- [ ] Primarily Formed Candidate/Officeholder Committee
  
  *(Also Complete Part 7)*

## 2. Type of Statement:

- [ ] Pre-election Statement
- [x] Semi-annual Statement
- [ ] 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 SCOTT'S VALLEY CITY COUNCIL’ 2020
- **STREET ADDRESS (NO P.O. BOX)**:
  
  SCOTT'S VALLEY, CA 95066
- **Mailing Address**
  
  SCOTT'S VALLEY, CA 95066
- **CITY**: SCOTT'S VALLEY
- **STATE**: CA
- **ZIP CODE**: 95066
- **AREA CODE/PHONE**: 831-321-2243

## 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**: 1/16/2023

**Treasurer(s)**

- **Name of Treasurer**: JULIE MAZUREK
- **Mailing Address**
  
  SCOTT'S VALLEY, CA 95066
- **City**: SCOTT'S VALLEY
- **State**: CA
- **Zip Code**: 95066
- **Area Code/Phone**: 831-321-2243

**Optional: Fax/E-mail Address**

**Date**: 1/16/2023

By [Signature of Treasurer/Coordinator/Officer]
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DONNA LIND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL FOR SCOTTS VALLEY CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SCOTTS VA CA 95066

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.

COMMITTEE NAME I.D. NUMBER
N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

BALLOT NO. OR LETTER JURISDICTION

IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT, IF ANY.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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
N/A

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
N/A

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
N/A

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
N/A

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
N/A

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
N/A

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0 $ 0
2. Loans Received ............................................. Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS ....................... Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions ................................ Schedule C, Line 3 0 0
5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4 $ 0 $ 0

### Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 50.00 $ 50.00 $ 50.00
7. Loans Made ................................................. Schedule H, Line 3 0 0
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 50.00 $ 50.00
9. Accrued Expenses (Unpaid Bills) .................................. Schedule F, Line 3 0 0
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 0 0
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 50.00 $ 50.00

### Current Cash Statement

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $ 522.59 $ 522.59
13. Cash Receipts ............................................... Column A, Line 3 above 50.00 $ 50.00
14. Miscellaneous increases to Cash .......................... Schedule I, Line 4 0 0
15. Cash Payments ............................................... Column A, Line 9 above 0 0
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 572.59 $ 572.59

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

### Cash Equivalents and Outstanding Debts


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

- 1/1 through 6/30
- 7/1 to Date

- Contributions Received $ $ $ $ 
- Expenditures Made $ $ $ $ 

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<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>

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

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).

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule B – Part 1
### Loans Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>07/01/2022 through 12/31/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER</td>
<td>1385125</td>
</tr>
</tbody>
</table>

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**

**IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER**

**IF SELF-EMPLOYED, ENTER NAME OF BUSINESS**

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>DATE DUE</td>
<td></td>
<td>DATE INCURRED</td>
<td>PER ELECTION**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS**

(Enter (e) on Schedule E, Line 3)

1. Loans received this period

   (Total Column (b) plus unitemized loans of less than $100.)

   $ 50.00

2. Loans paid or forgiven this period

   (Total Column (c) plus loans under $100 paid or forgiven.)

   (Include loans paid by a third party that are also itemized on Schedule A.)

   $ 50.00

3. Net change this period.  **(Subtract Line 2 from Line 1.)**

   **NET $ 50.00**

   Enter the net here and on the Summary Page, Column A, Line 2.

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### Notes

- **Amounts forgiven or paid by another party also must be reported on Schedule A.**
- **If required.**