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
- Primarily Formed Candidate/Officiloid Committee

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Randy Johnson for Scotts Valley City Council 2016 Re-Election Committee

STREET ADDRESS (NO P.O. BOX)

CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 439-9041

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 439-9041

Treasurer(s)

NAME OF TREASURER
Eric P. Seib

MAILING ADDRESS
Scotts Valley
CA
95066
(831) 234-3322

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY: Scotts Valley
STATE: CA
ZIP CODE: 95066
AREA CODE/PHONE: (831) 439-9041

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 1-29-17
By
Signature of Treasurer or Assistant Treasurer

Executed on 1-30-17
By
Signature of Controlling Individual, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on
By
Signature of Controlling Individual, Candidate, State Measure Proponent

Executed on
By
Signature of Controlling Individual, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Recipiee Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Randy Johnson for Scotts Valley City Council 2016 Re-Election Committ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Council Member, City of Scotts Valley

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

Scots Valley, 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

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

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

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

Committee 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

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

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

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10-23-16</td>
<td></td>
</tr>
<tr>
<td>through 12-31-16</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1267489</td>
</tr>
<tr>
<td>Page 3 of 7</td>
<td></td>
</tr>
</tbody>
</table>

### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$571.00</td>
<td>$8,534.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$571.00</td>
<td>$8,534.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$571.00</td>
<td>$8,534.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$1,848.36</td>
<td>$8,810.35</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$1,848.36</td>
<td>$8,810.35</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>(388.95)</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$1,459.41</td>
<td>$8,810.35</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$1,312.61</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$571.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$1,848.36</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$35.25</td>
</tr>
</tbody>
</table>

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

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).

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/24/16</td>
<td>Clay Teramo</td>
<td>□ IND</td>
<td>President/CEO DataMedia Source</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 100.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 471.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 571.00

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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www.fppc.ca.gov
## 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>10-23-16</td>
<td>12-31-16</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Randy Johnson for Scotts Valley City Council 2016 Re-Election Committee

**I.D. NUMBER**

1267489

---

**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)

---

### NAME AND ADDRESS OF PAYEE

**(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase Bank</td>
<td>LIT</td>
<td></td>
<td>388.95</td>
</tr>
<tr>
<td>Wilmington, DE 19850</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USPS</td>
<td>POS</td>
<td></td>
<td>329.00</td>
</tr>
<tr>
<td>Scotts Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costco</td>
<td>OFC</td>
<td></td>
<td>270.66</td>
</tr>
<tr>
<td>Santa Cruz, CA 95060</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

988.61

---

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 1,490.68

2. Unitemized payments made this period of under $100 ................................................................................................... $ 357.68

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). ......................................... $ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ............. TOTAL $ 1,848.36

---

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www.fppc.ca.gov
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Scotts Valley</td>
<td>FIL</td>
<td></td>
<td>282.00</td>
</tr>
<tr>
<td>Scotts Valley, CA 95066</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costco</td>
<td>FND</td>
<td></td>
<td>220.07</td>
</tr>
<tr>
<td>Santa Cruz, CA 95060</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 502.07**
Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in Ink. Amounts may be rounded to whole dollars.

Statement covers period from 10-23-16 through 12-31-16

CALIFORNIA FORM 460
Page 7 of 7

I.D. NUMBER 1267489

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Randy Johnson for Scotts Valley City Council 2016 Re-Election Committee

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>INQ</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
</tbody>
</table>

NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase Bank</td>
<td>Wilmington, DE 19850</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td></td>
<td>388.95</td>
<td>0.00</td>
<td>388.95</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

SUBTOTALS $388.95 $0.00 $388.95 $0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) INCURRED TOTALS $0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) PAID TOTALS $388.95

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET $(388.95)

May be a negative number

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)