Recipient Committee
Campaign Statement
Cover Page

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:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     - (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER: 1385125
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   RE ELECT DONNA LIND FOR SCOTTS VALLEY CITY COUNCIL 2016
   STREET ADDRESS (NO P.O. BOX)

   CITY STATE ZIP CODE AREA CODE/PHONE
   SCOTTS VALLEY CA 95066 831-438-4187
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY STATE ZIP CODE AREA CODE/PHONE
   SCOTTS VALLEY CA 95066 831-621-2243

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 1/31/17
   Date
   By [Signature of Treasurer of Assessor-Recorder]

   Executed on 1/31/17
   Date
   By [Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

   Executed on
   Date
   By [Signature of Controlling Officeholder, Candidate, State Measure Proponent]

   Executed on
   Date
   By [Signature of Controlling Officeholder, Candidate, State Measure Proponent]

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www.fppc.ca.gov
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 - Scotts Valley CA 95066

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

Scotts 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.

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

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

Attach continuation sheets if necessary

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**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>$694.00</td>
<td>$6,861.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$694.00</td>
<td>$6,861.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$694.00</td>
<td>$6,861.00</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>$500.00</td>
<td>$5,424.16</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$500.00</td>
<td>$5,424.16</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$500.00</td>
<td>$5,424.16</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

12. Beginning Cash Balance                           | Previous Summary Page, Line 16                     | $1,242.84                           |
13. Cash Receipts                                    | Column A, Line 3 above                            | $694.00                             |
14. Miscellaneous Increases to Cash                 | Schedule I, Line 4                               | $0                                  |
15. Cash Payments                                   | Column A, Line 8 above                            | $500.00                             |
16. ENDING CASH BALANCE                             | Add Lines 12 + 13 + 14, then subtract Line 15    | $1,436.84                           |

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).

**Loan Guarantees Received**

17. LOAN GUARANTEES RECEIVED                         | Schedule B, Part 2                                | $0                                  |

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents                                | See instructions on reverse                       | $0                                  |
19. Outstanding Debts                              | Add Line 2 + Line 9 in Column B above             | $0                                  |

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### 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 .................. $594.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................... TOTAL $694.00

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**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

**FPPC Form 460 (Jan/2016)**

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from __/__/__ through __/__/__

SCHEDULE E

NAME OF FILER

RE Elect Donna Lund for Scotts Valley City Council 2016

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>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times Publishing</td>
<td>PRT</td>
<td></td>
<td>500.00</td>
</tr>
</tbody>
</table>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 500.00
2. Unitemized payments made this period of under $100. $ 0
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 $ 500.00