**Recipient Committee Campaign Statement Cover Page**

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>Date of election if applicable: (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07-01-16</td>
<td>N/A</td>
</tr>
<tr>
<td>through 12-31-16</td>
<td></td>
</tr>
</tbody>
</table>

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

2. **Type of Statement:**
   - [ ] Preliminary Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

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) 234-3322

4. **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

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 __________________________
   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

Amounts may be rounded to whole dollars.

Statement covers period
from 07-01-16
through 12-31-16

SUMMARY PAGE

CALIFORNIA
FORM 460

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Scotts Valley Town Center Now

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>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

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

- Contributions Received
- Expenditures Made

Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL EXPENDITURES MADE (Add Lines 8 + 9 + 10)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

- Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)

Current Cash Statement

- Beginning Cash Balance
- Cash Receipts
- Miscellaneous Increases to Cash
- Cash Payments
- ENDING CASH BALANCE

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

Cash Equivalents and Outstanding Debts

- Cash Equivalents
- Outstanding Debts

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).

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