Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA FORM 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year)	09/28/2022 13:08:35 Filing ID: 204850708	Page 1 of 13 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement:	ermination)	Quarterly Statement pecial Odd-Year Report upplemental Preelection tatement - Attach Form 495
3. Committee information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Golder For Santa Cruz City Council 6th Distr	D. NUMBER 1450422 ict 2022	Treasurer(s) NAME OF TREASURER Hollie Locatelli MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		P CODE AREA CODE/PHONE
CITY STATE ZIP CO Santa Cruz CA 9506	0	Santa Cruz		95060 (831)247-4744
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	ox	MAILING ADDRESS		
CITY STATE ZIP CO Santa Cruz CA 9506		CITY	STATE ZIF	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS renee.golder@gmail.com		OPTIONAL: FAX / E-MAIL ADDR hloco@aol.com	RESS	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on 09/26/2022		-	rein and in the attached scho	edules is true and complete. I certify

Executed on _	09/26/2022	. By _	Hollie Locatelli	
	Date		Signature of Treasurer or Assistant Treasurer	
Executed on	09/26/2022	. Bv _	Renee Golder	
	Date	_,	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on		. By _		
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on _		. Ву _		
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPF

5. Officeholder or Candidate Controlled Committee

NA	ME OF OFFICEHOLDER OR CANDIDATE
Re	nee Golder
OF	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: City	of Santa Cruz	District 6		
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP
		Santa Cruz	CA	95060

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. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			S YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

CALIFORNIA

FORM

Page _____ of ____13

Campaign Disclosure Statement Summary Page		mounts may be round to whole dollars.		Stateme	o7/01/2022			
SEE INSTRUCTIONS ON REVERSE				thro	ugh	09/24/2022	Page <u>3</u> of <u>13</u>	
NAME OF FILER							I.D. NUMBER	
Golder For Santa Cruz City Council 6th District 2022							1450422	
Contributions Received	(COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE			nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	7,173.99	\$	7,173.9				
2. Loans Received Schedule B, Line 3		0.00		0.0	00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	7,173.99	\$	7,173.9	99	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		300.00		300.0	00	21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	7,473.99	\$	7,473.9		Made \$	\$	
Expenditures Made					\neg	Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	4,257.13	\$	4,257.1		Candidates		
7. Loans Made Schedule H, Line 3		0.00		0.0	00		ve Expenditures Med-*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	4,257.13	\$	4,257.1	13		ve Expenditures Made* to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.0	00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		300.00		300.0	00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	4,557.13	\$	4,557.1	13	//	\$	
Current Cash Statement						//	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	Тс	o calculate Column B, a	add			
13. Cash Receipts Column A, Line 3 above		7,173.99	ar	mounts in Column A to	the			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	orresponding amounts	ast	Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		4,257.13		port. Some amounts i olumn A may be negat	in			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,916.86	fig	gures that should be				
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from previou eriod amounts. If this i e first report being file	is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, o arry over the amounts	only			
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (i ny).				
18. Cash Equivalents See instructions on reverse	\$	0.00						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	I					

Schedule A

SCHEDULE A

Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove		CALIFORNIA FORM 460		
SEE INSTRUCTIO	DNS ON REVERSE			through	022	Page4 of .	13	
NAME OF FILER						I.D. NUMBER		
Golder For	Santa Cruz City Council 6th District 2022					1450422		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DA	TE	
08/05/2022	Hollie Locatelli Santa Cruz, CA 95060	IND COM OTH PTY SCC		105.00	10	05.00		
08/11/2022	Gregory Bodi Santa Cruz, CA 95060	IND COM OTH PTY SCC	Retired Retired	100.00	10	00.00		
08/11/2022	Brad Brereton Santa Cruz, CA 95060	∐IND COM OTH PTY SCC	Attorney Brereton Law Office	400.00	40	00.00		
08/11/2022	Dan Carrillo Watsonville, CA 95076	IND COM OTH PTY SCC	Owner Pajaro Valley Printing	400.00	40	00.00		
08/11/2022	Carol Polhamas Santa Cruz, CA 9500	IND □COM □OTH □PTY □SCC	Teacher Retired	100.00	10	00.00		
			SUBTOTAL \$	1,105.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	6,455.00	IND – Ir	ibutor Codes ndividual Recipient Committee (other than PTY or \$		
2. Amount re	eceived this period – unitemized monetary contributions	s of less than \$	\$100 \$	718.99		Other (e.g., busines		
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			7,173.99		Small Contributor Co	mmittee	

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	chedule A (Continuation Sheet) Ionetary Contributions Received		Statement cove from07/01/ through09/24/	2022	FORM 46		
NAME OF FILER						I.D. NUN	IBER
Golder For S	anta Cruz City Council 6th District 2022					145042	22
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS CALENDAR YE		CUMULATIVE TO DATE PER EL CALENDAR YEAR TO I (JAN. 1 - DEC. 31) (IF REC	
08/11/2022	Tom Powers Santa Cruz, CA 95060	IND COM OTH PTY SCC	Retired Retired	200.00	200.00		
08/11/2022	Al Ramadan Santa Cruz, CA 95060	∑IND COM OTH PTY SCC	Founder Play Bigger, LLC	200.00	2	200.00	
08/11/2022	Scott Sawyer Santa Cruz, CA 95060	IND COM OTH PTY SCC	Chiroprator Sawyer Chiropractic Group	100.00	1	.00.00	
08/18/2022	Krista Cook Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	Realtor Lighthouse Realty	250.00	2	250.00	
08/18/2022	Peter Cook Santa Cruz, CA 95060	X IND COM OTH PTY SCC	Realtor Light House Realty	250.00	2	250.00	
			SUBTOTAL	1,000.00		•	

*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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	Schedule A (Continuation Sheet) Monetary Contributions Received		be rounded dollars.	Statement cove from07/01/ through09/24/	2022	SCHEDULE A (CONT CALIFORNIA FORM 460 Page 6 of 13		
NAME OF FILER						I.D. NUM		
Golder For S	anta Cruz City Council 6th District 2022					145042	2	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/18/2022	Melinda Dumont Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	Retired Retired	100.00	1	00.00		
08/18/2022	Richard Edgar Santa Cruz, CA 95060	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	250.00	2	50.00		
08/18/2022	Shebreh Kalantari-Johnson Santa Cruz, CA 95060	X IND COM OTH PTY SCC	City Council City of Santa Cruz	100.00	1	00.00		
08/18/2022	Elizabeth Ozborne Santa Cruz, CA 95063	∑ IND □ COM □ OTH □ PTY □ SCC	Marriage and Family Therapist Self Employed	200.00	2	00.00		
08/18/2022	David Terrazas Santa Cruz, CA 95060	X IND COM OTH PTY SCC	Attorney Brereton Law Office	250.00	2	50.00		
			SUBTOTAL	\$ 900.00		·		

	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove from07/01/ through09/24/	2022	CALIF(FOI	SCHEDULE A (CONT.) ORNIA 460 7 of 13
NAME OF FILER						I.D. NUME	BER
Golder For Sa	anta Cruz City Council 6th District 2022					1450422	2
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/19/2022	Pete Kennedy Santa Cruz, CA 95060	∑IND COM OTH PTY SCC	Sr. Project Manager Bright Green Strategies	100.00	1	00.00	
08/21/2022	Mathew Farrell Santa Cruz, CA 95062	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	1	.00.00	
08/21/2022	Kevin Hernan Santa Cruz, CA 95060	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor Kevin Hernan Construction	400.00	4	00.00	
08/21/2022	Amaviah Hernandez Santa Cruz, CA 95062	IND COM OTH PTY SCC	Principal Santa Cruz City Schools	100.00	1	00.00	
08/21/2022	Owen Lawlor Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Consultant Self	200.00	2	00.00	
			SUBTOTAL	900.00			

	A (Continuation Sheet) Contributions Received	Amounts may to whole a		Statement cove from07/01/ through09/24/	2022	CALIFC FOR	Chedule A (CONT.) ORNIA M 460 8 of 13
NAME OF FILER				Ū		I.D. NUMB	
Golder For S	anta Cruz City Council 6th District 2022					1450422	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/21/2022	Maggie Merrell Santa Cruz, CA 95060	IND COM OTH PTY SCC	Landscaper Maggie Merrell Landscape	100.00	1	00.00	
08/21/2022	Julie Sanders Mt. Dora, FL 32757	∑ IND □ COM □ OTH □ PTY □ SCC	Retired Retired	200.00	2	00.00	
08/21/2022	Dennis Smith Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	Port Commissioner Port District	100.00	1	00.00	
08/21/2022	Kim Stoner Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	Retired Retired	100.00	1	00.00	
08/24/2022	Heather Babcock Santa Cruz, CA 95060	X IND COM OTH PTY SCC	Owner Heather Babcock,CPA	100.00	1	00.00	
			SUBTOTAL	\$ 600.00			

*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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	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cove	-	SCHED CALIFORNIA FORM	ULE A (CONT.) 460
				through 09/24/	2022	Page9	of <u>13</u>
NAME OF FILER						I.D. NUMBER	
Golder For S	anta Cruz City Council 6th District 2022					1450422	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR T	ELECTION O DATE EQUIRED)
08/24/2022	Christina Brown Santa Cruz, CA 95060	∑IND COM OTH PTY SCC	Homemaker Homemaker	350.00	3	50.00	
08/24/2022	Eric Grodberg Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Operations National Grid	400.00	4	00.00	
08/31/2022	Emily Chaffin San Francisco, CA 94109	IND COM OTH PTY SCC	Staff Assistant Office of U.S. Senator Alex Padilla at United States Senate	100.00	1	00.00	
08/31/2022	Coonerty for Supervisor 2018 (ID# 1360850) Santa Cruz, CA 95060	☐ IND ∑ COM ☐ OTH ☐ PTY ☐ SCC		250.00	2	50.00	
08/31/2022	Democratic Women's Club of Santa Cruz County (ID# 136050) Santa Cruz, CA 95060	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		400.00	4	00.00	
			SUBTOTAL	\$ 1,500.00			

	A (Continuation Sheet) Contributions Received	Amounts may to whole (Statement cove from07/01/ through09/24/	2022	SCHEDULE A (CONT.) CALIFORNIA 460 Page 10 of 13 I.D. NUMBER
	anta Cruz City Council 6th District 2022					1450422
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR TO DATE
08/31/2022	Mark Mesiti-Miller Santa Cruz, CA 95060	IND COM OTH PTY SCC	Engineer DM5 Consulting	250.00	2	50.00
08/31/2022	Rick Miritz Santa Cruz, CA 95060	IND COM OTH PTY SCC	Broker Miritz Real Estate, Inc.	100.00	1	00.00
09/22/2022	Carol Fuller Santa Cruz, CA 95060	X IND COM OTH PTY SCC	Retired Retired	100.00	1	00.00
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 450.00		

Schedu	le C								5	CHEDULE C
Nonmo	netary Contributions Received		Amounts may be rounded to whole dollars.		Statement	covers p	period	CALIF	ORNIA	460
					from07	/01/20	22	FO	RM	400
SEE INSTRUC	TIONS ON REVERSE				through09	/24/20	22	Page	<u>11</u> of	13
NAME OF FILE	ĒR			Ŀ				I.D. NUMB	ER	
Golder Fo:	r Santa Cruz City Council 6th District 2	022						1450422	2	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVIC		RKET	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	тс	ELECTION DATE EQUIRED)
08/18/2022	Santa Cruz Mountain Brewing Santa Cruz, CA 95060	□IND □COM		Keg for fundrai	ser	300.00		300.00		

 Image: Com indication on appropriately labeled continuation sheets.
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☑ OTH
□ PTY
□ SCC
□ IND
□ COM
□ OTH
□ PTY
□ SCC
□ IND

Schedule C Summary	*Contributor Codes
	IND – Individual COM – Recipient Committee
	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$	SCC – Small Contributor Committee

• · · · -		SCHEDULE E					
Schedule E	Amounts may be rounded	Stateme	ent covers period		A 160		
Payments Made	to whole dollars.	from	07/01/2022	FORM	400		
SEE INSTRUCTIONS ON REVERSE		through _	09/24/2022	Page2	of		
NAME OF FILER				I.D. NUMBER			
Golder For Santa Cruz City Council 6th District 2022				1450422			

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	ŀ	AMOUNT PAID
UPS Store Santa Cruz, CA 95060	POS			192.00
Costco Santa Cruz, CA 95060		Food and Drinks for Kickoff Party		901.55
Pajaro Valley Printing Freedom, CA 95019	CMP			491.63
* Payments that are contributions or independent expend	itures must also be summarized on	Schedule D.	SUBTOTAL \$	1,585.18

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	4,207.13
2. Unitemized payments made this period of under \$100 \$	50.00
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.)	4,257.13

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers period	SCHEDULE E (CONT.) CALIFORNIA FORM 460
Payments Made			FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/24/2022	Page <u>13</u> of <u>13</u>
NAME OF FILER			I.D. NUMBER
Golder For Santa Cruz City Council 6th Distr	ict 2022		1450422
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	oduction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	nd meals

POS postage, delivery and messenger services

FIL candidate filing/ballot fees

fundraising events FND

- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- campaign literature and mailings LIT

PRO professional services (legal, accounting)

POL polling and survey research

PRT print ads

- TRC candidate travel, lodging, and meals
- staff/spouse travel, lodging, and meals TRS
- 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)	CODE	OR DESCRIPTION OF PAYM	ENT AMOUNT PAID
Santa Cruz Signs Santa Cruz, CA 95060	CMP		1,675.34
Sentinel Printers Santa Cruz, CA 95060	LIT		720.00
Stripe San Francisco, CA 94107	OFC		226.61
		_	
* Payments that are contributions or independent expenditures must also be	e summarized on Schedule D).	