					COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)				Date Stamp	california 460 form
	S from	tatement covers period	Date of election if applicable: (Month, Day, Year)	08/01/2022 22:04:29 Filing ID: 204343614	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throu	gh06/30/2022			
1. Type of Recipient Committee: All Commi	ttees – Complete I	Parts 1, 2, 3, and 4.	2. Type of Statement:		
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	Committe Contr Spon (Also Compl Primarily	olled sored ^{ete Part 6)} Formed Candidate/ der Committee	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be 	ermination)	arterly Statement ecial Odd-Year Report pplemental Preelection tement - Attach Form 495
3. Committee Information	I.D. NUMB 144429		Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CO	MMITTEE)		NAME OF TREASURER		
Dutra for Supervisor 2022			Jimmy Dutra		
			MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIP	CODE AREA CODE/PHONE
			CA	95	076
CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Watsonville CA	95076				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	OR P.O. BOX		MAILING ADDRESS		
CITY STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS electjimmydutra@gmail.com			OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification I have used all reasonable diligence in preparing and under penalty of perjury under the laws of the State o			nowledge the information contained her	ein and in the attached scheo	Jules is true and complete. I certify

Executed on	08/01/2022 Date	_ Ву.	Jimmy Dutra Signature of Treasurer or Assistant Treasurer	_
Executed on	08/01/2022 Date	_ Ву .	Jimmy Dutra Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	_
Executed on	Date	Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	_
Executed on	Date	_ Ву .	Signature of Controlling Officeholder, Candidate, State Measure Proponent	 FPPC

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Jimmy Dutra			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	APPLICABL	Ξ)
County Supervisor: County District 4			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	CA		95076

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				ED COMMITTEE?
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX	()	
CITY	STATE	ZIP COI	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER				ED COMMITTEE?
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX	()	
CITY	STATE	ZIP COI	DE	AREA CODE/PHONE

FORM **40**

CALIFORNIA

COVER PAGE - PART 2

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
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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	U SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page		nounts may be round to whole dollars.	led	Stat from _	ement covers period	CALIFORNIA FORM 46	
SEE INSTRUCTIONS ON REVERSE				through	06/30/2022	Page <u>3</u> of <u>8</u>	
NAME OF FILER						I.D. NUMBER	
Dutra for Supervisor 2022						1444297	
Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTALTO DATE		nmary for Candidates he State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	1,299.00	\$	29,836.00			
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1,299.00	\$	29,836.00	20. Contributions Received \$	\$	
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1,299.00	\$	29,836.00	Made \$	\$	
Expenditures Made					Expenditure Limit	Summary for State	
6. Payments Made Schedule E, Line 4	\$	9,547.77	\$	30,261.18	Candidates	•	
7. Loans Made Schedule H, Line 3		0.00		0.00	22 Cumulat	ve Expenditures Made*	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	9,547.77	\$	30,261.18		to Voluntary Expenditure Limit)	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election	Total to Date	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	9,547.77	\$	30,261.18	////////	\$	
Current Cash Statement					///	\$	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	8,633.96	Тс	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above		1,299.00	ar	nounts in Column A to the prresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	*Amounts in this section reported in Column B.	may be different from amounts	
15. Cash Payments Column A, Line 8 above		9,547.77		port. Some amounts in plumn A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	385.19	fig	jures that should be ibtracted from previous			
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only arry over the amounts			
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).			
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00					

Schedule	Δ							SCHEDULE A
	Contributions Received		ts may be rounded whole dollars.	Statement cover	-		IFORNI <i>A</i> ORM	
	DNS ON REVERSE			through06/30/2	022	Page	4	of <u>8</u>
NAME OF FILER						I.D. N	UMBER	
Dutra for S	upervisor 2022					1444		
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 TC CALENDAR Y (JAN. 1 - DEC	EAR	Т	ELECTION O DATE EQUIRED)
05/30/2022	Ashley Winn La Selva Beach, CA 95076	⊠ IND □ COM □ OTH □ PTY □ SCC	Not Employed Not Employed	100.00		100.00	P2022	\$100.00
06/05/2022	BAYMEC (ID# 841499) San Jose, CA 95125	☐ IND		500.00	Į	500.00	P2022	\$500.00
06/09/2022	SMART TD Political Action Committee (ID# C00001636) North Holmsted, OH 44070-5333	□IND X COM OTH PTY SCC		475.00	1,0	000.00	P2022	\$1,000.00
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	1,075.00				
1. Amount re (Include al	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)			1,075.00	IND - COM	(other	ial ient Comm r than PTY	
3. Total mone	eceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu			224.00	PTY-	 Politica 	al Party	r Committee

www.netfile.com

Schedule E Payments Made	Amounts may be rounded	Statem	ent covers period		
	to whole dollars.	from	05/22/2022	FORM	400
SEE INSTRUCTIONS ON REVERSE		through .	06/30/2022	Page5	of8
NAME OF FILER				I.D. NUMBER	
Dutra for Supervisor 2022				1444297	

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 TRC candidate travel, lodging, and meals fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals FND transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF IND POS 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	AMOUNT PAID
Hyatt Regency San Francisco, CA 94111	TRC		304.5
Maverick Mailing Santa Cruz, CA 95060	LIT		1,346.9
Pajaro Valley Printing Watsonville, CA 95019	LIT		1,311.0
* Payments that are contributions or independent expenditures	s must also be summarized on Schedu	le D. SUB	2,962.4

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	9,194.35
2. Unitemized payments made this period of under \$100 \$	353.42
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.)	9,547.77

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period from05/22/2022	SCHEDULE E (CONT.) CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through06/30/2022	Page6 of8 I.D. NUMBER
Dutra for Supervisor 2022				1444297
CODES: If one of the following codes accurately desc 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s postage, deli	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, TSF transfer between committee	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Watsonville, CA 95076		POS		116.00
ActBlue		PRO		27.28

* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.	SUBTOTAL \$	2,533.77
Maverick Mailing Santa Cruz, CA 95060	LIT		1,874.83
Annieglass Watsonville, CA 95076	СМР		297.16
Annieglass Watsonville, CA 95076	СМР		218.50
ActBlue Somerville, MA 02144	PRO		27.28

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE		through06/30/2022	Page7 of8		
NAME OF FILER			I.D. NUMBER		
Dutra for Supervisor 2022			1444297		
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	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 production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging			
IND independent expenditure supporting/opposing others (expl	ain)* POS postage, delivery and messenger services	TSF transfer between committee	es of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			

PRT

print ads

- legal defense LEG
 - LIT campaign literature and mailings
 - NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Santa Cruz Sentinel PRT 200.00 Santa Cruz, CA 95076 FND 231.27 Safeway Freedom, CA 95019 Carmonas BBQ Deli 680.00 FND Watsonville, CA 95076 Pajaro Valley Printing Watsonville, CA 95019 LIT 1,857.25 Santa Cruz County Clerk CMP 79.60 Santa Cruz, CA 95060

SUBTOTAL \$ 3,048.12

WEB information technology costs (internet, e-mail)

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Schedule E		SCHEDULE E (CONT.)			
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Payments Made	to whole dollars.	from05/22/2022	FORM 400		
SEE INSTRUCTIONS ON REVERSE		through06/30/2022	Page 8 of 8		
NAME OF FILER			I.D. NUMBER		
Dutra for Supervisor 2022			1444297		
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	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			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, ar			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		es 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 cost	s (internet, e-mail)		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pajaro Valley Printing Watsonville, CA 95019	LIT			650.04
* Payments that are contributions or independent expenditures must also be summarized o				TOTAL \$ 650.04