

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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Statement covers period from <u>07/01/2022</u> through <u>09/24/2022</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>
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SEE INSTRUCTIONS ON REVERSE

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)

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1438739

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Cruz</u>	<u>CA</u>	<u>95062</u>	<u>(831) 200-3878</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

info@emptyhometax.org

Treasurer(s)

NAME OF TREASURER
Madeleine Clyde

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Cruz</u>	<u>CA</u>	<u>95060</u>	

NAME OF ASSISTANT TREASURER, IF ANY

Cyndi Dawson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Cruz</u>	<u>CA</u>	<u>95062</u>	

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 09/26/2022
Date

By Madeleine Clyde
Signature of Treasurer or Assistant Treasurer

Executed on _____
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
Santa Cruz City Empty Home Tax Initiative

BALLOT NO. OR LETTER <u>N</u>	JURISDICTION City of Santa Cruz	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> 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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>3</u> of <u>27</u>
I.D. NUMBER		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 15,918.55	\$ 25,266.52
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 15,918.55	\$ 25,266.52
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 15,918.55	\$ 25,266.52

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 6,339.19	\$ 13,721.08
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 6,339.19	\$ 13,721.08
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,339.19	\$ 13,721.08

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 3,864.35
13. Cash Receipts Column A, Line 3 above	15,918.55
14. Miscellaneous Increases to Cash Schedule I, Line 4	62.18
15. Cash Payments Column A, Line 8 above	6,339.19
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13,505.89

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).

*Amounts in this section may be different from amounts reported in Column B.

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>4</u> of <u>27</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/08/2022	Katherine Seto Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Professor University of CA Santa Cruz	100.00	125.00	
07/10/2022	Deborah Gould Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of CA Santa Cruz	1,000.00	1,200.00	
07/12/2022	Chris Connery Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of CA Santa Cruz	-100.00	500.00	
07/22/2022	Erica Aitken Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graphic Design Self	100.00	100.00	
07/22/2022	Chris Connery Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of CA Santa Cruz	200.00	500.00	
SUBTOTAL \$				1,300.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,797.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,121.55
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,918.55

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>5</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
---	------------------------

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/22/2022	Rick Longinotti Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marriage & Family Therapist Self	100.00	100.00	
07/22/2022	Joseph Thompson Santa Cruz, CA 95064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barista Starbucks	100.00	100.00	
07/24/2022	Miriam Greenberg Santa Cruz, CA 95064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor and Chair of Sociology University of California Santa Cruz	250.00	250.00	
07/25/2022	Matthew Nathanson Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	300.00	900.00	
07/25/2022	Isabelle Scott Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	50.00	100.00	
SUBTOTAL \$				800.00		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>6</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/30/2022	Jasmeen Miah Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Marriage and Family Therapist Attachment Center of Monterey Bay	1,000.00	1,500.00	
08/02/2022	Karen Fraser Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Liaison Nonviolent Communication	500.00	1,500.00	
08/06/2022	Stacey Falls Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Santa Cruz City Schools District	50.00	100.00	
08/06/2022	Amy Lebichuck Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker County of Santa Cruz	100.00	100.00	
08/11/2022	Chris Connery Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of CA Santa Cruz	200.00	500.00	
SUBTOTAL \$				1,850.00		

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>7</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/2022	Patrick Reilly Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	99.00	397.00	
08/13/2022	Brett Hatch Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Arista Networks	100.00	500.00	
08/15/2022	Amanda Harris-Altice Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant Resource Center for Nonviolence	1,000.00	1,200.00	
08/16/2022	Josh Maccallister Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer San Jose Water	250.00	250.00	
08/19/2022	Patrick Reilly Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	99.00	397.00	
SUBTOTAL \$				1,548.00		

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 (other than PTY or SCC)
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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 8 of 27

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/20/2022	Sandy Brown Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor CA State University - San Jose	250.00	500.00	
08/20/2022	Joy Schendledecker Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist/Organizer Self	100.00	100.00	
08/20/2022	Rebecca Supplee Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
08/20/2022	Rebecca Supplee Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	-500.00	500.00	
08/20/2022	Rebecca Supplee Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
SUBTOTAL \$				850.00		

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>9</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/22/2022	Chris Krohn Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Internship Director University of CA - Santa Cruz	100.00	100.00	
08/23/2022	Jan Reid Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Economic Consultant Coast Economic Consulting	100.00	240.00	
08/25/2022	Bruce Van Allen Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Data Consultant Self	100.00	100.00	
08/26/2022	Patrick Reilly Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	99.00	397.00	
08/29/2022	Len Beyea Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineering Consultant Self	100.00	100.00	
SUBTOTAL \$				499.00		

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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 10 of 27

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/29/2022	Kyle Kelley Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Architect Noteable	200.00	200.00	
08/31/2022	Sally Arnold Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	
09/06/2022	Caitlin Brune Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NonProfit/Foundation Consultant Self	100.00	100.00	
09/07/2022	Sandy Brown Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor CA State University - San Jose	250.00	500.00	
09/07/2022	Matthew Nathanson Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	900.00	
SUBTOTAL \$				1,550.00		

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 (other than PTY or SCC)
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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>11</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2022	Brett Hatch Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Arista Networks	400.00	500.00	
09/09/2022	Joe Rigney Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Consultant Toyon Consultants	100.00	200.00	
09/09/2022	Jessie Suzuki San Francisco, CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Ultragenyx	100.00	100.00	
09/10/2022	Krista Corwin Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant Santa Cruz Regional Transportation Commission	200.00	200.00	
09/10/2022	Jack McCourt Boulder Creek, CA 95006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valet Santa Cruz Valet	50.00	100.00	
SUBTOTAL \$				850.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>12</u> of <u>27</u>

NAME OF FILER Yes On Measure N - Santa Cruz City Empty Home Tax Initiative	I.D. NUMBER 1438739
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/2022	SEIU Local 521 Issues PAC (FPPC #1297706) Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
09/20/2022	Kathleen Tuite Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer ODK	200.00	200.00	
09/21/2022	Ron Pomerantz Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	200.00	
09/21/2022	Santa Cruz for Bernie (FPPC#1390568) Santa Cruz, CA 95062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
09/23/2022	Stacey Falls Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Santa Cruz City Schools District	50.00	100.00	
SUBTOTAL \$				5,550.00		

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 13 of 27
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Google Suite LLC Mountain View, CA 94043	WEB			12.00
Google Voice, Inc. Mountain View, CA 94043	OFC			13.08
Stripe San Francisco, CA 94103			Payment processing fee	3.20

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

SUBTOTAL \$ 28.28

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	6,047.49
2. Unitemized payments made this period of under \$100	\$	291.70
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 \$	6,339.19

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>14</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	29.30
GoDaddy Tempe, AZ 85284			Mistaken use of campaign credit card	32.69
Stripe San Francisco, CA 94103			Payment processing fee	18.33
Office Depot Santa Cruz, CA 95060	LIT		Ink for fact sheets	264.36
Stripe San Francisco, CA 94103			Payment processing fee	1.03

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

SUBTOTAL \$ 345.71

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	09/24/2022	Page 15 of 27
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	7.55
NGP VAN, Inc Washington D.C., DC 20005	WEB			667.00
Stripe San Francisco, CA 94103			Payment processing fee	10.75
Stripe San Francisco, CA 94103			Payment processing fee	2.63
Cyndi Dawson Santa Cruz, CA 95062	TEL		Reimb for pymt to Wonder Animations made on personal cc	650.00

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

SUBTOTAL \$ 1,337.93

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 16 of 27
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Office Depot Santa Cruz, CA 95060	LIT		Postcard templates	66.84
Stripe San Francisco, CA 94103			Payment processing fee	29.30
Google Suite LLC Mountain View, CA 94043	WEB			12.00

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

SUBTOTAL \$ 111.64

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Google Voice, Inc. Mountain View, CA 94043	OFC			13.65
Stripe San Francisco, CA 94103			Payment processing fee	14.80
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Stripe San Francisco, CA 94103			Payment processing fee	3.20

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

SUBTOTAL \$ 35.15

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	6.10
GoDaddy Tempe, AZ 85284	WEB			57.37
Stripe San Francisco, CA 94103			Payment processing fee	3.20
Stripe San Francisco, CA 94103			Payment processing fee	29.30
Office Depot Santa Cruz, CA 95060	LIT		Supplies for flyers	163.50

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

SUBTOTAL \$ 259.47

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	7.55
Office Depot Santa Cruz, CA 95060	LIT		Cut flyers	1.64
Office Depot Santa Cruz, CA 95060	LIT		Supplies for flyers	106.81
Community Printers Santa Cruz, CA 95060	CMP			2,127.61
EZ Texting Santa Monica, CA 90401			Texting Service	36.00

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

SUBTOTAL \$ 2,279.61

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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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
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	AMOUNT PAID
Kai Killion Santa Cruz, CA 95060	FND			200.00
Stripe San Francisco, CA 94103			Payment processing fee	49.85
Stripe San Francisco, CA 94103			Payment processing fee	3.20
Stripe San Francisco, CA 94103			Payment processing fee	3.20
Stripe San Francisco, CA 94103			Payment processing fee	3.20

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

SUBTOTAL \$ 259.45

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>21</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	9.30
Stripe San Francisco, CA 94103			Payment processing fee	14.80
Google Suite LLC Mountain View, CA 94043	WEB			12.00
Google Voice, Inc. Mountain View, CA 94043	OFC			13.61
Stripe San Francisco, CA 94103			Payment processing fee	3.65

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

SUBTOTAL \$ 53.36

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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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
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	AMOUNT PAID
Pizza My Heart Santa Cruz, CA 95060	MTG			182.65
Stripe San Francisco, CA 94103			Payment processing fee	22.35
Office Depot Santa Cruz, CA 95060	LIT		Supplies for flyers	138.57
Stripe San Francisco, CA 94103			Payment processing fee	22.53
Office Depot Santa Cruz, CA 95060	LIT		Cut flyers	2.71

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

SUBTOTAL \$ 368.81

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
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NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	7.85
Office Depot Santa Cruz, CA 95060	LIT		Supplies/cut flyers	359.11
Stripe San Francisco, CA 94103			Payment processing fee	3.50
Stripe San Francisco, CA 94103			Payment processing fee	1.03
Megaphone Technology Consulting Brooklyn, NY 11237	PRO			81.00

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

SUBTOTAL \$ 452.49

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page <u>24</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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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
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	AMOUNT PAID
Office Depot Santa Cruz, CA 95060	LIT		Supplies/cut flyers	99.79
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Office Depot Santa Cruz, CA 95060	LIT		Cut flyers	2.57
EZ Texting Santa Monica, CA 90401			Texting Service	36.00
Office Depot Santa Cruz, CA 95060	LIT		Supplies for flyers	104.18

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

SUBTOTAL \$ 244.29

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 25 of 27
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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	AMOUNT PAID
Stripe San Francisco, CA 94103			Payment processing fee	1.75
Stripe San Francisco, CA 94103			Payment processing fee	2.78
Stripe San Francisco, CA 94103			Payment Processing Fee	6.55
Canva Surrey Hills NSW Australia, 2010	WEB			119.99
Stripe San Francisco, CA 94103			Payment processing fee	3.20

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

SUBTOTAL \$ 134.27

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	09/24/2022	Page 26 of 27
NAME OF FILER		I.D. NUMBER
Yes On Measure N - Santa Cruz City Empty Home Tax Initiative		1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

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
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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
Office Depot Santa Cruz, CA 95060	LIT			134.91
Stripe San Francisco, CA 94103			Payment processing fee	0.37
Stripe San Francisco, CA 94103			Payment processing fee	1.75

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

SUBTOTAL \$ 137.03

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2022
through 09/24/2022

SCHEDULE I

**CALIFORNIA
FORM 460**

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I.D. NUMBER
1438739

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure N - Santa Cruz City Empty Home Tax Initiative

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>0.00</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>62.18</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>62.18</u>