Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) EE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2022 through06/30/2022	Date of election if applicable: (Month, Day, Year)	E-Filed 07/08/2022 10:03:46 Filing ID: 204123480	CALIFORNIA 460 FORM Page1 of14 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spe	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
6. Committee Information	NUMBER 426413 ptections	Treasurer(s) NAME OF TREASURER Betty Bobeda MAILING ADDRESS CITY		CODE AREA CODE/PHONE
CITY STATE ZIP CO Watsonville CA 9507 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	6 (831)724-0510	Watsonville NAME OF ASSISTANT TREASUR MAILING ADDRESS		076
OPTIONAL: FAX / E-MAIL ADDRESS bobeda@sbcglobal.net Verification I have used all reasonable diligence in preparing and reviewing		OPTIONAL: FAX / E-MAIL ADDRE bobeda@sbcglobal.net	ESS	CODE AREA CODE/PHONE Jules is true and complete. I certify
under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct. ByBetty Bobe BySignature of Co		reasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, States Signature of Controlling Officeholder, Candidate, States	·	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	ORNIA ORM	4	16 (0				
Page _	2	of _	14					

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ball	lot Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZI	IP	Identify the controlling of	fficeholder, cand	idate, or state measur	e proponent, if any
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROF	PONENT	
Related Committees Not Included in this Statement: List any committee not included in this statement that are controlled by you or are primarily formed to recontributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME I.D. NUMBER		_			
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	7.	. Primarily Formed Car officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE AREA CODE/PHO	ONE	Atta	ach continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

,	SUM	MARY	PAGE

ummary Page	to whole dollars.	Statem	ent covers period	CALIFORNIA	460	
		from	01/01/2022	FORM	T 00	
EE INSTRUCTIONS ON REVERSE		through _	06/30/2022	Page3 o	f <u>14</u>	
AME OF FILER		•		I.D. NUMBER		
nmmittee for Planned Growth and Farmland Protections				1426413		

Contributions Received	-	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	121,945.01	\$	121,945.01	General Elections
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	\$	121,945.01	\$	121,945.01	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	121,945.01	\$	121,945.01	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	5,026.51	\$	5,026.51	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5,026.51	\$	5,026.51	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		220.32		293.60	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	5,246.83	\$	5,320.11	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3,745.71	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		121,945.01		responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		200.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		5,026.51	rep Co	oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	120,864.21	figu	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	otracted from previous riod amounts. If this is a first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00		, ,	

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

-	A Contributions Received ONS ON REVERSE		ts may be rounded whole dollars.	Statement cove from01/01/20 through06/30/20	022 Pag	LIFORN FORM Je 4 NUMBER	SCHEDULE A IA 460 _ of14
Committee fo	or Planned Growth and Farmland Protections				142	6413	
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)		R ELECTION TO DATE REQUIRED)
06/03/2022	John Biddick Aptos, Ca 95003-5304		n/a n/a	100.00	100.0	0 G2022	\$100.00
04/28/2022	Donna Bradford Moss Landing, CA 95039		n/a n/a	250.00	250.0	0 G2022	\$440.00
04/02/2022	Thomas Broz Watsonville, CA 95076	⊠IND □COM □OTH □PTY □SCC	retired n/a	5,000.00	5,000.0	0 G2022	\$7,000.00
04/28/2022	Ceil Cirillo Santa Cruz, CA 95062	IND COM OTH PTY SCC	n/a n/a	100.00	100.0	0 G2022	\$100.00
06/03/2022	Paul Cocking Santa Cruz, CA 95060	IND COM OTH PTY SCC	owner selfGabriella Cafe	100.00	100.0	0 G2022	\$100.00
			SUBTOTAL	5,550.00			

Schedule A Summary

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

121,945.01

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

01/01/2022

				through06/30/	2022	Page .	5	of <u>14</u>
IAME OF FILER						I.D. NU	IMBER	
ommittee for	Planned Growth and Farmland Protections					14264	113	
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		R ELECTION TO DATE REQUIRED)
06/13/2022	Community Alliance With Family Farmers Davis, Ca 95617-0363	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,0	00.00	G2022	\$1,000.00
05/04/2022	Donald Cooley Watsonville,, CA 95076-9747		retired retired	1,000.00	1,0	00.00	G2022	\$1,000.00
03/07/2022	Robert Culbertson Watsonville,, CA 95076		retired n/a	1,000.00	1,0	00.00	G2022	\$1,000.00
03/17/2022	Phillip Foster San Juan Bautista, CA 95045	IND COM OTH PTY SCC	owner, accountant self	500.00	5	00.00	G2022	\$500.00
02/19/2022	Bill Hansen La Selva Beach, CA 95076	☑IND □COM □OTH □PTY □SCC	Realty self employed	1,000.00	1,0	00.00	G2022	\$1,000.00
			SUBTOTAL \$	4,500.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

from.

01/01/2022

NAME OF FILER				through06/30/	2022	Page .		of14		
	Planned Growth and Farmland Protections					14264				
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)		CALENDAR YEA		Т	ELECTION O DATE REQUIRED)
03/03/2022	Larry Jacobs Pescadero, CA 94060		Farmer Del Cubo Farm	100.00		00.00		\$400.00		
02/16/2022	Susan Kauffman Santa Crux, CA 95062	IND COM OTH PTY SCC	retired n/a	100.00	21	00.00	G2022	\$200.00		
05/04/2022	Susan Kauffman Santa Crux, CA 95062		retired n/a	100.00	2	00.00	G2022	\$200.00		
04/28/2022	Kenneth Kimes Aptos, CA 95003		n/a n/a	200.00		00.00		\$200.00		
02/16/2022	Lakeside Organic Gardens, LLC Lakeside Organic Gardens, LLC Watsonville, CA 95076	☑IND □COM □OTH □PTY □SCC	Grower Business	1,000.00	2,0	00.00	G2022	\$3,000.00		
			SUBTOTAL	1,500.00						

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

01/01/2022

				from01/01/	2022	F	ORM	700
				through06/30/	2022	Page	7	of <u>14</u>
IAME OF FILER			<u> </u>			I.D. NU	MBER	
ommittee for	r Planned Growth and Farmland Protections					14264	113	
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	Т	ELECTION O DATE REQUIRED)
06/03/2022	Lakeside Organic Gardens, LLC Lakeside Organic Gardens, LLC Watsonville, CA 95076		Grower Business	1,000.00	2,0	00.00	G2022	\$3,000.00
02/01/2022	Christine Lyons Watsonville,, Ca 95076		retired retired	100.00	5	50.00	G2022	\$930.00
03/11/2022	Christine Lyons Watsonville,, Ca 95076		retired retired	200.00	5	50.00	G2022	\$930.00
04/12/2022	Christine Lyons Watsonville,, Ca 95076	☑IND □COM □OTH □PTY □SCC	retired retired	200.00	5	50.00	G2022	\$930.00
04/28/2022	Christine Lyons Watsonville,, Ca 95076		retired retired	50.00	5	50.00	G2022	\$930.00
			SUBTOTAL \$	1,550.00				_

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

01/01/2022

AME OF FILER	Planned Growth and Farmland Protections			through 06/30/2022			Page8 of14		
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		R ELECTION TO DATE REQUIRED)	
03/17/2022	Amy Newell Watsonville, CA 95076		Retired n/a	1,000.00	1,0	00.00	G2021 G2022	\$1,000.00 \$1,000.00	
04/28/2022	Dawn Reis N/A, CA N/A	IND COM OTH PTY SCC	N/A N/A	100.00	1	00.00	G2022	\$100.00	
03/07/2022	Jim Rider Watsonville,, Ca 95076		Farmer self	1,500.00	1,5	00.00	G2022	\$1,500.00	
01/28/2022	Sally Rogers Watsonville,, CA 95076	IND COM OTH PTY SCC	retired n/a	4,855.01	4,8	55.01	G2022	\$4,855.01	
06/03/2022	Dennis Tamura Watsonville, CA 95076	☑IND □COM □OTH □PTY □SCC	n/a n/a	100.00	1	00.00	G2022	\$100.00	
			SUBTOTAL \$	7,555.01					

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period to whole dollars.		•	CALIFORI FORM	NIA 460		
			through 06/30/	2022	Page9	of14
IAME OF FILER		L			I.D. NUMBER	
committee for Planned Growth and Farmland Protections					1426413	
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	PER ELECTION TO DATE IF REQUIRED)
04/28/2022		n/a n/a	100.00	10	0.00 G2022	\$100.00
03/01/2022 WatsonvilleSandra Ward Watsonville, CA 95076	IND COM OTH PTY SCC	retired Retired	200.00	100,20	0.00 G2022	\$100,250.00
04/01/2022 WatsonvilleSandra Ward Watsonville, CA 95076		retired Retired	100,000.00	100,20	0.00 G2022	\$100,250.00
04/28/2022 Steve Weston Capitola, CA 95010	☑IND □COM □OTH □PTY □SCC	n/a n/a	500.00	50	0.00 G2022	\$500.00
06/16/2022 Nicole Zahm n/a, Ca n/a	☑IND □COM □OTH □PTY □SCC	n/a n/a	200.00	20	0.00 G2022	\$200.00
		SUBTOTALS	101,000.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2022	FORM TOO
through06/30/2022	Page10 of14
	I.D. NUMBER
	1426413

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Planned Growth and Farmland Protections

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
Nicholas Filannino Watsonville, CA 95076	PET			187.00
Schute Mihaly Weinberger LLP San Frnacisco, CA 94102	PRO			154.50
Adam Scow Watsonville,, CA 95076		fu	undraiserStaff of Life	250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	591.50
--	------------	--------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	4,923.23
2. Unitemized payments made this period of under \$100\$	103.28
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.)	5,026.51

Schedule E	
(Continuation She	et)
Payments Made	-

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 160
from	01/01/2022	FORM 400
through_	06/30/2022	Page11 of14
		I.D. NUMBER
		1426413

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

Committee for Planned Growth and Farmland Protections

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations 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 polling and survey research staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense

> PRT print ads

TSF transfer between committees of the same candidate/sponsor

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
Shute, Muhaly & Weinberger San Francisco, CA 94102	PRO	Professional fees	2,000.00
Shute, Muhaly & Weinberger San Francisco, CA 94102	PRO	Professional fees	2,000.00
Shute, Mihaly & Weinberger LLP San Francisco, CA 94102	PRO	Attorney	128.40
Staples Watsonville,, CA 95076	LIT		11.27
Staples Watsonville,, CA 95076	LIT		8.72

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

SUBTOTAL \$

4,148.39

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA 160
from	01/01/2022	FORM 400
through_	06/30/2022	Page12 of14
		I.D. NUMBER
		1426413

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee for Planned Growth and Farmland Protections

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS 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

TND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

T 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
Staples Watsonville,, CA 95076	FND	Fundraiser 17:
Staples Watsonville,, CA 95076	FND	1:

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

SUBTOTAL \$

183.34

Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2022 through $\underline{-06}/30/2022$ Page 13 of 14

information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

I.D. NUMBER

1426413

Committee for Planned Growth and Farmland Protections

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration

print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Shute, Muhaly & Weinberger San Francisco, CA 94102	PRO Professional fees	0.00	293.60	0.00	293.60

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

SUBTOTALS \$

0.00\$

293.60\$

293.60

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 293.60
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$ _ 73.28
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ 220.32

 May be a negative number

0.00\$

Schedule I Miscellaneous Increases to Cash				SCHEDULE	
		Amounts may be rounded to whole dollars.	Statement covers period from01/01/2022	CALIFORNIA 460	
			through06/30/2022	Page14 of14	
SEE INSTRUCTION NAME OF FILER	I.D. NUMBER				
Committee for	r Planned Growth and Farmland Protections			1426413	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	DESCRIPTION OF RECEIPT		
01/28/2022	City of Watsonville Watsonville, CA 95076	return filing fe	ee	200.0	
Attach add	itional information on appropriately labeled continuation sheets.	I	SUBTOTA	L \$ 200.0	
				200.0	
Schedule I	•				
1. Itemized in	00				
2. Unitemize	00				
	interest received this period on loans made to others. (S	` , ,	\$0.	<u>υυ</u>	
	ellaneous increases to cash this period. (Add Lines 1, 2 Page, Line 14.)		TOTAL \$ 200.	00	