Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)  SEE INSTRUCTIONS ON REVERSE	Statement covers period from07/01/2022 through09/24/2022	Date of election if applicable: (Month, Day, Year)	E-Filed 09/30/2022 11:42:36 Filing ID: 204941679	CALIFORNIA 460  FORM  Page 1 of 46  For Official Use Only
		0. 7 (0) (1		
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:	Supermination) State	ecial Odd-Year Report pplemental Preelection atement - Attach Form 495
3. Committee information	NUMBER 404050	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Santa Cruz Together - No on Measure N		NAME OF TREASURER Brad Brereton MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Santa Cruz		CODE AREA CODE/PHONE 6060 (831)429-6391
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Santa Cruz CA 9506 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP CO Santa Cruz CA 9506		СІТҮ	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS bcbrereton@gmail.com	_	OPTIONAL: FAX/E-MAIL ADDR bcbrereton@gmail.com	ESS	
L. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on	that the foregoing is true and correct.  ByBrad_Brere		reasurer conent or Responsible Officer of Sponso	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	ORNIA ORM	4	160		
Page _	2	of _	46		

Officeholder or Candidate Controlled Committee	6	6. Primarily Formed Ball	lot Measure (	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE Empty Homes Tax			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZI	P	Identify the controlling of	fficeholder, can	didate, or state meas	ure proponent, if any
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	DPONENT	
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	7. Primarily Formed Car officeholder(s) or candidate(			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD □ SUPPORT □ OPPOSE
CITY STATE ZIP CODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE AREA CODE/PHO	ONE	Atta	ach continuatio	n sheets if necessary	

#### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY F	'AGE
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Stateme	ent covers period	CALIFORNIA 460					
from	07/01/2022	FORM TOO					
through _	09/24/2022	Page3 of46					
		I.D. NUMBER					

Santa Cruz Together - No on Measure N 1404050 Column A **Calendar Year Summary for Candidates** Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 79,087.00 97,837.00 1/1 through 6/30 7/1 to Date 0.00 20. Contributions 79,087.00 \$ 97,837.00 Received 21. Expenditures \$ 98,638.00 Made **Expenditures Made Expenditure Limit Summary for State** Candidates \$ 40,175.43 7. Loans Made ...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 51.00 801.00 \$ 40,976.43 **Current Cash Statement** To calculate Column B, add 79,087.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 305.00 from Column B of your last reported in Column B. report. Some amounts in 16,501.82 Column A may be negative 69,289.94 figures that should be 16. **ENDING CASH BALANCE** ............. Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 0.00 

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

Schedule A Monetary Contributions Received			ts may be rounded whole dollars.	Statement coverage from 07/01/2	-	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/24/2</u>	022	Page _	4 of 46
NAME OF FILER						I.D. NUM	BER
Santa Cruz	Together - No on Measure N					140405	0
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 I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
07/05/2022	Richard Marlais Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Dentist Self	100.00	1	00.00	
07/05/2022	Paul Lawton Construction Ben Lomond, CA 95005	□IND □COM ☑OTH □PTY □SCC		90.00	1	90.00	
07/12/2022	Garrett Philipp Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	N/A N/A	50.00	2	80.00	
07/14/2022	Marvin Christie Santa Cruz, CA 95065	☑IND □COM □OTH □PTY □SCC	Real estate Self	250.00	2	50.00	
07/16/2022	Marjorie Haber Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Retired Retired	250.00	5	00.00	
			SUBTOTAL\$	740.00			
Schedule	A Summary				*Contr	ibutor Cod	des

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

79,087.00

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 160

Statement covers period

				from07/01/	2022	FORM	TOO
				through <sup>09/24/</sup>	2022	Page5 of	46
IAME OF FILER						I.D. NUMBER	
anta Cruz To	ogether - No on Measure N					1404050	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR TO DA	TE
07/21/2022	Democratic Womens Club Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		250.00	50	00.00	
07/21/2022	Jean Gergen Santa Cruz, CA 95060	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	200.00	20	00.00	
07/21/2022	Overbeck Family Trust Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		150.00	15	50.00	
07/28/2022	Carol Polhamus Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00		00.00	
07/29/2022	Karon, Inc Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,00	00.00	
			SUBTOTAL	1,700.00			

\*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.)

Ionetary Contributions Received		Contributions Received  Amounts may be rounded to whole dollars.			ers period 2022	CALIFORNIA 460		
				through09/24/	2022	Page	6 of 46	
NAME OF FILER						I.D. NUMI	BER	
Santa Cruz To	ogether - No on Measure N					140405	0	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
07/30/2022	David Kassel Aptos, CA 95003	IND  COM  OTH  PTY  SCC	Medical Doctor David M. Kassel, MD Inc	99.00	19	99.00		
07/30/2022	Dean Silvers Santa Cruz, CA 95060		Retired Retired	100.00	10	00.00		
08/01/2022	Joseph Quigg Santa Cruz, CA 95060		Retired Retired	100.00	10	00.00		
08/01/2022	Teresa Spodick Santa Cruz, CA 95062		Owner Spodick Pacivic Ave LLC	500.00	50	00.00		
08/03/2022	Democratic Womens Club Santa Cruz, CA 95060	□IND □COM ⊠OTH □PTY □SCC		250.00	50	00.00		
		1,049.00						

\*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.)
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Statement covers period

Monetary C	Ionetary Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460		
				through09/24/	2022	Page	_ of <u>46</u>	
IAME OF FILER						I.D. NUMBER		
Santa Cruz Tog	gether - No on Measure N					1404050		
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	ER ELECTION TO DATE F REQUIRED)	
	Anna Durante Los Altos Hills, CA 94024		Retired N/A	90.00	18	0.00		
, , .	Khristina Horn Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Small Business Owner Self-Employed	100.00	501	0.00		
	Robert Kemp Ben Lomond, CA 95005		Retired Retired	100.00	100	0.00		
	Richard Moe Soquel, CA 95073	☑IND □COM □OTH □PTY □SCC	Developer Self-Employed	1,000.00	2,15	0.00		
	Darius Mohsenin Santa Cruz, CA 95062	☑IND □COM □OTH □PTY □SCC	Independent Aviation & Aerospace Professional Self	500.00	501	0.00		
			SUBTOTALS	1,790.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement covers period  from07/01/2022			ornia 460
				through 09/24/	2022	Page _	8 of 46
NAME OF FILER						I.D. NUN	IBER
Santa Cruz T	ogether - No on Measure N					14040	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/04/2022	Rossana Bruni Soquel, CA 95073		Property Manager Brooks Properties	100.00	3(	00.00	
08/05/2022	Alan Bailey Santa Cruz, CA 95060		Retired Retired	250.00	35	50.00	
08/05/2022	Constantin Gehriger Santa Cruz, CA 95060		Owner ConstantConsult	250.00	25	50.00	
08/05/2022	Andre Kruglikov Alameda, CA 94501		Owner Twin Bee Apiaries	100.00	10	00.00	
08/08/2022	Leslie Abbott Santa Cruz, CA 95060		Property Manager Self	100.00	10	00.00	
		<u> </u>	SUBTOTALS	800.00			

Amounts may be rounded

\*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.

SCHEDU	LE A (CONT.)
CALIFORNIA FORM	460

Statement covers period

from

07/01/2022

				through09/24/	2022	Page _	9 of <u>46</u>
NAME OF FILER			<u>_</u>			I.D. NU	MBER
Santa Cruz To	ogether - No on Measure N					14040	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/08/2022	Phil Allegri Scotts Valley, CA 95066		Self-Employed Phil Allegri Electric, Inc	150.00	1	50.00	
08/08/2022	Linda Bailey Santa Cruz, CA 95062		Realtor Vanguard Realtors	150.00	1	50.00	
08/08/2022	Larry Behman Soquel, CA 95073		Chief Executive Officer NOAH'S ARK WATERBEDS AND FINE FURNITURE, INC.	100.00	1	00.00	
08/08/2022	Paul Brown Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Sales Alterra Solar	100.00		50.00	
08/08/2022	Bridget Butler Prunedale, CA 93907	IND  COM  OTH  PTY  SCC	Vice President of Digital Strategy & Head of FinTech Partner Wells Fargo	100.00	1	00.00	
			SUBTOTALS	600.00			

\*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.)

Monetary	Contributions Received	Amounts may to whole		from 07/01	•		orm 460
				through09/24/	2022	Page _	10 of46
IAME OF FILER						I.D. NU	MBER
anta Cruz To	ogether - No on Measure N					14040	50
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)
08/08/2022	Marios Cavadias Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	retired Retired	100.00	1	.00.00	
08/08/2022	Krista Cook Santa Cruz, CA 95060		Realtor Cook Realty	1,002.00	1,0	02.00	
08/08/2022	Danny Braga Financial Consulting Aptos, CA 95003	□IND □COM ☑OTH □PTY □SCC		100.00	1	.00.00	
08/08/2022	Robert Defreitas Santa Cruz, CA 95060		University Editor Univeristy of California Santa Cruz	100.00	1	50.00	
08/08/2022	Jack Dilles Scotts Valley, CA 95067	IND  COM  OTH  PTY  SCC	City Council Member City of Scotts Valley	100.00	1	.00.00	
			SUBTOTAL	1,402.00			

\*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

				from07/01/	2022	FC	DRM I U
				through <sup>09/24/</sup>	2022	Page _	11 of46
NAME OF FILER						I.D. NUN	MBER
Santa Cruz To	ogether - No on Measure N					140405	50
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)
08/08/2022	Dorothy Eller Santa Cruz, CA 95062		Owner Walt Eller Co	1,500.00	1,5	00.00	
08/08/2022	Jill Escher San Jose, CA 95126	IND  COM  OTH  PTY  SCC	Real Estate Investor Claradon Properties LLC	1,000.00	1,0	00.00	
08/08/2022	Patricia Futoran Belvedere Tiburon, CA 94920		retired Retired	200.00	2	00.00	
08/08/2022	Thomas Hamilton San Mateo, CA 94404		Retired Retired	250.00	5	00.00	
08/08/2022	Henrietta Pryce LLC Santa Cruz, CA 95062	□IND □COM ⊠OTH □PTY □SCC		100.00	1	00.00	
			SUBTOTAL \$	3,050.00			

\*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from07/01/	2022	FORM	400
				through09/24/	2022	Page12	_ of46
IAME OF FILER			<u> </u>			I.D. NUMBER	
anta Cruz To	ogether - No on Measure N					1404050	
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 DEC. (JAN. 1 - DEC. 3)	AR	ER ELECTION TO DATE REQUIRED)
08/08/2022	Patricia Liu Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Accountant	100.00	10	0.00	
08/08/2022	Locust Street LLC Santa Cruz, CA 95062	□IND □COM ☑OTH □PTY □SCC		100.00	35	0.00	
08/08/2022	Gary Marietti Santa Cruz, CA 95063		Self Trade Self	100.00	20	0.00	
08/08/2022	Market & Grant LLCc/o Brian Sprinsock Santa Cruz, CA 95062	□IND □COM ☑OTH □PTY □SCC		100.00		0.00	
08/08/2022	Thomas Martindale Santa Cruz, CA 95065	IND  COM  OTH  PTY  SCC	Retired Retired	200.00	20	0.00	
			SUBTOTAL	600.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

SCHEDULE A (CONT.)

CALIFORNIA 400

Statement covers period

-		to whole o	dollars.	from07/01/2022		FORM 460	
				through09/24/	2022	Page	
NAME OF FILER			<u>_</u>			I.D. NUMB	ER
Santa Cruz To	ogether - No on Measure N					1404050	J
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 I CALENDAR YE, (JAN. 1 - DEC. (	AR	PER ELECTION TO DATE (IF REQUIRED)
08/08/2022	Judith McCann Kelsleyville, CA 95451		Retired Retired	100.00	20	0.00	
08/08/2022	Teresa Mendoza Santa Cruz, CA 95065		Realtor Sereno	250.00	34	5.00	
08/08/2022	Ocean Street LLCc/o Brian Sprinsock Santa Cruz, CA 95062	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	10	00.00	
08/08/2022	Dianne Pereira Aptos, CA 95003		N/A N/A	99.00	19	8.00	
08/08/2022	Dianne Pereira Aptos, CA 95003		N/A N/A	99.00	19	08.00	
			SUBTOTALS	648.00			

Amounts may be rounded

\*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 (CONT.)

Monetary	Contributions Received	Amounts may to whole		from07/01/	•	CALIF( FOI	PRNIA 460
				through09/24/	2022	Page	
NAME OF FILER						I.D. NUME	BER
Santa Cruz T	ogether - No on Measure N					1404050	0
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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)
08/08/2022	Margaret Pollard Santa Cruz, CA 95060		Non-profit staff UCSC	100.00	20	00.00	
08/08/2022	Pryce Street LLCc/o Brian Sprinsock Santa Cruz, CA 95062	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	1(	00.00	
08/08/2022	Lynn Renshaw Santa Cruz, CA 95060		Consultant Self-Employed	1,000.00	1,50	00.00	
08/08/2022	Scott Rodgers Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	General Contractor SLR Construction	100.00	10	00.00	
08/08/2022	Rodriguez Street LLCc/o Brian Sprinsock Santa Cruz, CA 95062	□IND □COM ⊠OTH □PTY □SCC		100.00	10	00.00	
			SUBTOTAL	<b>\$</b> 1,400.00			

Amounts may be rounded

\*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from07/01/	2022	F	JRM I U		
				through <sup>09/24/</sup>	2022	Page _	15 of46		
IAME OF FILER						I.D. NU	MBER		
anta Cruz To	ogether - No on Measure N					14040	50		
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)		
08/08/2022	Lita Ruble Los Gatos, CA 95030	☑IND □COM □OTH □PTY □SCC	retired Retired	100.00		00.00			
08/08/2022	Melinda Samuelson Alameda, CA 94501	IND  COM  OTH  PTY  SCC	retired Retired	250.00	2	50.00			
08/08/2022	Caren Spencer Soquel, CA 95073		Realtor Monterey Bay Properties	500.00	5	00.00			
08/08/2022	Chelsea Wagner Santa Cruz, CA 95062		unknown Retired	1,000.00	1,0	00.00			
08/08/2022	David Wiegel Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Registered Nurse Dominican Hospital	100.00	1	00.00			
	SUBTOTAL\$ 1,950.00								

\*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.)

Statement covers period

Monetary Contributions Received	Amounts may to whole o		Statement covers period from07/01/2022		FORM 460
			through 09/24/	2022 Pa	age16 of46
IAME OF FILER				1.1	D. NUMBER
Santa Cruz Together - No on Measure N				1.	104050
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
08/09/2022 Robert Shamblen San Jose, CA 95131		Retired Retired	200.00	200.	00
08/10/2022		Principal Mckelvey Hembree Architects	500.00	500.	00
08/11/2022 Alan Barclay Aptos, CA 95003		Sofware Engineer Altair Engineering	200.00	200.	00
08/11/2022 Philip Boegel Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Automotive Consultant Self	100.00	100.	00
08/11/2022 Brad Brereton Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Owner/Lawyer Brereton, Mohamed, Terrazas, LLP	1,000.00	1,500.	00
		SUBTOTAL	\$ 2,000.00		

\*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.)

Monetary	Contributions Received	Amounts may to whole			nt cove	ers period 2022		orm 460
				through	9/24/	2022	Page _	17 of46
IAME OF FILER							I.D. NU	MBER
anta Cruz To	ogether - No on Measure N						14040	50
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 T PERIOD	HIS	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/11/2022	Peter Canepa Aptos, CA 95001	IND  COM  OTH  PTY  SCC	President Eagle City Inc.	10	00.00	1	00.00	
08/11/2022	Bruce Dykaar Santa Cruz, CA 95060		Engineering consulting Self	20	00.00	2	00.00	
08/11/2022	Eli Eisenpress Santa Cruz, CA 95062	IND  COM  OTH  PTY  SCC	Engineering Manager Ciena Corp.	80	00.00	8	00.00	
08/11/2022	Carol Fuller Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired Retired	25	50.00	4	50.00	
08/11/2022	Susan Heartsner Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Retired Retired	10	00.00	1	00.00	
			SUBTOTALS	1,45	50.00			

\*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.)

Monetary	Contributions Received	Amounts may to whole o		Statement cove	•		ORNIA 460
				through09/24/	2022	Page _	18 <b>of</b> 46
IAME OF FILER			<u> </u>			I.D. NUN	MBER
Santa Cruz To	ogether - No on Measure N					140405	50
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)
08/11/2022	Paul Kunze Los Osos, CA 93402		Senior Superintendent Snyder Langston	100.00	1	00.00	
08/11/2022	F. John Labarba Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Owner F.John LaBarba Construction	250.00	2	50.00	
08/11/2022	William Marley Santa Cruz, CA 95060		retired Retired	100.00	1	00.00	
08/11/2022	Gary McBee Soquel, CA 95073		Landlord Self	100.00	1:	00.00	
08/11/2022	Paul Lawton Construction Ben Lomond, CA 95005	□IND □COM ⊠OTH □PTY □SCC		100.00	1:	90.00	
			SUBTOTALS	\$ 650.00			

\*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.)
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Statement covers period

NAME OF FILER Santa Cruz Together - No on Measure N					
			through09/24/	2022 Page	19 of46
Santa Cruz Together - No on Measure N				I.D. N	JMBER
				1404	050
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP COD (IF COMMITTEE, ALSO ENTER I.D. NUM			ER RECEIVED THIS E PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/11/2022 Dan Peterson Salinas, CA 93907	∑IND □COM □OTH □PTY □SCC	retired Retired	100.00	100.00	
08/11/2022 Alan Porter Santa Cruz, CA 95060		Retired Retired	100.00	100.00	
08/11/2022 Louis Rittenhouse Santa Cruz, CA 95060		Investor Self	500.00	500.00	
08/11/2022 Scott Schaaf Aptos, CA 95003	∑IND ☐COM ☐OTH ☐ PTY ☐ SCC	retired Retired	100.00	100.00	
08/11/2022 Williams Family Properties LLC Santa Cruz, CA 95062	☐IND ☐COM ※OTH ☐ PTY ☐SCC		250.00	250.00	
		SUBTO	TAL\$ 1,050.00		

\*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.)

Statement covers period

CONTRIBUTION   CONT	Monetary	Ionetary Contributions Received		be rounded dollars.	from 07/01/	-	CALIFORNIA 460	
ADATE   FULL NAME, STREET ADDRESS AND JIP CODE OF CONTRIBUTOR   CODE *   COUPTION AND EMPLOYER   CALENDAR YEAR   CALENDAR YEAR   CODE *   COUPTION AND EMPLOYER   CALENDAR YEAR   CALENDAR YEAR   CALENDAR YEAR   CODE *   COUPTION AND EMPLOYER   CALENDAR YEAR   CALENDAR YEAR   CALENDAR YEAR   CALENDAR YEAR   CODE *   COME   COME   COUPTION AND EMPLOYER   CALENDAR YEAR   CALENDAR Y					through 09/24/	2022	Page20	of <u>46</u>
DATE RCCEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  C	IAME OF FILER						I.D. NUMBER	
CONTRIBUTION   CONT	Santa Cruz To	ogether - No on Measure N					1404050	
Soquel, CA 95073				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YE	AR	PER ELECTION TO DATE (IF REQUIRED)
San Francisco, CA 94118  COM OTH PTY SCC  08/16/2022 Anna Durante Los Altos Hills, CA 94024  08/16/2022 Brian Johnson Soquel, CA 95073  08/16/2022 Gary Whitney Los Gatos, CA 95033  08/16/2022 Gary Whitney Los Gatos, CA 95033  Retired  90.00 180.00  180.00  CERTIFIED ROLFING PRACTIONER Midline Integrative Health PTY SCC  SCC  Retired  90.00 180.00  180.00	08/15/2022		□COM □OTH □PTY		150.00	150.00		
Los Altos Hills, CA 94024  COM OTH PTY SCC  8rian Johnson Soquel, CA 95073  Soquel, CA 95073  Soco Midline Integrative Health  OR/16/2022 Gary Whitney Los Gatos, CA 95033  Soco Midline Integrative Health	08/16/2022		□COM □OTH □PTY		150.00	15	0.00	
Soquel, CA 95073    COM	08/16/2022		□COM □OTH □PTY		90.00	18	0.00	
Los Gatos, CA 95033  COM OTH PTY SCC	08/16/2022		□COM □OTH □PTY	PRACTIONER	50.00	25	0.00	
SUBTOTAL\$ 615.00	08/16/2022		□COM □OTH □PTY		175.00	17	5.00	
332.3¥				SUBTOTAL\$	615.00			

\*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.)

Statement covers period

Ionetary Contributions Received		Amounts may to whole o		Statement covers period  from07/01/2022 FC		FORM 460	
				through09/24/	2022 P	age21 of46	
NAME OF FILER					I	.D. NUMBER	
Santa Cruz Together - No o	anta Cruz Together - No on Measure N						
	EET 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 DA CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
08/22/2022 Mohammad Aza Santa Cruz,			President Astex Pharmaceuticals	500.00	500	.00	
08/22/2022 John & Valer Santa Cruz,			Retired Retired	100.00	100	.00	
08/22/2022 Ted Burke Capitola, CA	95010		Chef Shadowbrook Restaurant	250.00	250	.00	
08/22/2022 California A Los Angeles,	ssociation of Realtors CA 90071	□IND □COM ☑OTH □PTY □SCC		20,000.00	20,000	.00	
08/22/2022 Ken Carlson Santa Cruz,	CA 95061		Investor Self-Employed	500.00	1,000	.00	
			SUBTOTALS	\$ 21,350.00			

\*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.)

Statement covers period

DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * C	Ionetary Contributions Received		Amounts may to whole o		Statement covers period CALIF FO		CALIF FO	ORNIA 460				
Automotive   Date   Received   Full Name, Street Address and Zip Code of Contributor   Code *   Code					through 09/24/	2022	Page	of46				
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  C	NAME OF FILER	I.D. NUMBER										
DATE   RECEIVED   FOLL NAME, OF RECEIVED   F	Santa Cruz Together - No on Measure N											
Freedom, CA 95019				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YE	AR	PER ELECTION TO DATE (IF REQUIRED)				
Fresno, CA 93711  COM OTH PTY SCC  08/22/2022  Glenys Davidson Santa Cruz, CA 95060  08/22/2022  Janel Garvin Santa Cruz, CA 95060  OB/22/2022  OB/22/2022  Adriana Gores Santa Cruz, CA 95060  OB/22/2022  Adriana Gores Santa Cruz, CA 95060  OB/22/2022  OB/22/2022  Adriana Gores Santa Cruz, CA 95060  OB/22/2022  OB/22/2022  OB/22/2022  OB/22/2022  Adriana Gores Santa Cruz, CA 95060  OB/22/2022  OB/22/	08/22/2022		□COM □OTH □PTY		125.00	125.00						
Santa Cruz, CA 95060  COM OTH PTY SCC  Janel Garvin Santa Cruz, CA 95060  Socc  Market Research Evans Data Group  Socc  Money Cougar Driversdoor, Inc/24 Hours of Lemons  Socc	08/22/2022		☐COM ☐OTH ☐PTY		100.00	10	00.00					
Santa Cruz, CA 95060  COM OTH PTY SCC  Santa Cruz, CA 95060  Sind Cruz, CA 95060	08/22/2022		☐COM ☐OTH ☐PTY		50.00	15	50.00					
Santa Cruz, CA 95060  COM OTH PTY SCC  Driversdoor, Inc/24 Hours of Lemons	08/22/2022		☐COM ☐OTH ☐PTY		500.00	5(	00.00					
SUBTOTAL\$ 875.00	08/22/2022		☐COM ☐OTH ☐PTY	Driversdoor, Inc/24 Hours	100.00	10	00.00					
				SUBTOTAL	875.00							

\*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.)

Statement covers period	CALIFORNIA 460						
from07/01/2022	FORM 40U						
through 09/24/2022	Page23 of46						
	I.D. NUMBER						
	1404050						

Santa Cruz Together - No on Measure N

NAME OF FILER

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	Bruce Hutchings Santa Cruz, CA 95062		Retired Retired	100.00	100.00				
08/22/2022	Mark Langer Santa Cruz, CA 95061		Owner Santa Cruz Autobody Inc.	100.00	100.00				
08/22/2022	Mesa Development Soquel, CA 95073	□IND □COM ☑OTH □PTY □SCC		100.00	100.00				
08/22/2022	Mary Jane Oring Scottsdale, AZ 85260		Retired Retired	200.00	200.00				
08/22/2022	Martin Roberts Santa Cruz, CA 95060		Retired Retired	100.00	100.00				
·	SURTOTAL \$ 600.00								

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Ionetary Contributions Received		be rounded dollars.	Statement covers period			FORM 460		
				through09/24/	2022	Page _	24 of46		
NAME OF FILER						I.D. NUN	MBER		
Santa Cruz To	gether - No on Measure N					14040	50		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
08/22/2022	Cindy Shepherd Scotts Valley, CA 95066		Interior Designer Self Employed	1,000.00	1,000.00				
08/22/2022	Surya Properties Santa Cruz, CA 95062	☐IND ☐COM ☑OTH ☐PTY ☐SCC		150.00	1	50.00			
08/22/2022	Woolever Revocable Trust Aptos, CA 95003	□IND □COM ☑OTH □PTY □SCC		100.00	1	00.00			
08/23/2022	Shawn Arnold Santa Cruz, CA 95062		Owner The Classics of Santa Cruz	100.00	1:	00.00			
08/23/2022	Mary Hamilton Santa Cruz, CA 95060		Retired Retired	100.00	1:	00.00			
			SUBTOTAL\$	1,450.00					

\*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.)

Monetary	Ionetary Contributions Received		be rounded dollars.		05 (01 (0000		FORM 460	
				through09/24/	2022	Page _	25 <b>of</b> 46	
IAME OF FILER			<u> </u>			I.D. NUN	MBER	
Santa Cruz To	ogether - No on Measure N					14040	50	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/23/2022	Kendall & Potter Property Mgt Capitola, CA 95010	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00			
08/23/2022	Locatelli Rentals, LLC Santa Cruz, CA 95060	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	2	50.00		
08/23/2022	Deborah Maddock Elston Santa Cruz, CA 95060		Retired Retired	200.00	2	00.00		
08/23/2022	Kevin McBride Mountain View, CA 94040		Software Engineer Splunk	250.00	2	50.00		
08/23/2022	Ada Ross Sacramento, CA 95818		Retired Retired	250.00	2	50.00		
			SUBTOTAL	1,050.00				

\*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

		from07/01/	72022	FO	RM	
		through09/24/	2022	Page _	of	46
IAME OF FILER	_			I.D. NUM	BER	
anta Cruz Together - No on Measure N				140405	0	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE CODE	* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR . 31)	PER ELEC TO DA' (IF REQU	TE
08/24/2022 Margaret Benton Santa Cruz, CA 95060  COM OTH PTY SCC	Retired Retired	100.00		00.00		
08/24/2022 Brian Johnson Soquel, CA 95073  COM OTH PTY SCC	CERTIFIED ROLFING PRACTIONER Midline Integrative Health	200.00	2!	50.00		
08/24/2022   Garrett Philipp   Santa Cruz, CA 95060   COM   OTH   PTY   SCC	N/A N/A	50.00	21	80.00		
08/24/2022 James Reichmuth Santa Cruz, CA 95060 XIND COM OTH PTY SCC	Retired N/A	99.00		99.00		
08/25/2022 Allen Genetti Linden, CA 95236 XIND COM OTH PTY SCC	Retired Retired	250.00	2!	50.00		
	SUBTOTALS	699.00				

\*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.)
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Monetary Contributions Received		Amounts may to whole o			07/01/0000		FORM 460	
				through09/24/	2022	Page _	of 46	
NAME OF FILER						I.D. NUI	MBER	
Santa Cruz To	ogether - No on Measure N					14040	50	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/26/2022	Bailey Properties Aptos, CA 95003	☐IND ☐COM ☑OTH ☐PTY ☐SCC		2,500.00	2,500.00			
08/26/2022	John Burroughs Santa Cruz, CA 95060		Vice Chairman Board Of Directors Santa Cruz County Bank	1,000.00	1,0	00.00		
08/26/2022	Peter Davis Santa Cruz, CA 95060		Retired Retired	1,000.00	1,0	00.00		
08/26/2022	Geoffrey Ellis Santa Cruz, CA 95065		Staff Engineer Mentor Graphics	100.00		00.00		
08/26/2022	Paul & Betty Stivala East Palo Alto, CA 94303	IND  COM  OTH  PTY  SCC	Retired Unknown	200.00	2	00.00		
			SUBTOTALS	4,800.00				

\*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.)

Statement covers period

Monetary Contributions Received	Amounts may to whole o			Statement covers period CALIFO from07/01/2022 FOR		460
			through09/24/	2022	Page28 of _	46
IAME OF FILER					I.D. NUMBER	
Santa Cruz Together - No on Measure N					1404050	
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 DEC. 3	AR TO D	ATE
08/26/2022 Dan Sullivan Santa Cruz, CA 95062		Retired Retired	500.00	59	0.00	
08/26/2022		Application Mosys Inc	250.00	25	0.00	
08/26/2022 Geoffrey Wells Santa Cruz, CA 95060		Owner Freedom Tattoo	100.00	10	0.00	
08/27/2022 Barbara Avona Aptos, CA 95003		Unknown Unknown	90.00	18	0.00	
08/28/2022 Richelle Noroyan Santa Cruz, CA 95060		Corporate and Community Relations Director Second Harvest Food Bank Santa Cruz County	150.00	15	0.00	
		SUBTOTAL	1,090.00			

\*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.)

Statement covers period

Ionetary Contributions Received		to whole o		Statement covers period  from07/01/2022		FORM 460	
				through09/24/	2022	Page	<sup>29</sup> of <u>46</u>
IAME OF FILER						I.D. NUMBE	R
Santa Cruz To	ogether - No on Measure N					1404050	
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 I CALENDAR YE, (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
08/28/2022	Eric Schneider Santa Cruz, CA 95060		Managing Partner Raymond International- Global Executive	100.00	100.00		
08/29/2022	Hallie Richmond Santa Cruz, CA 95062		Property Manager Surf City Rentals Inc	1,003.00	1,003.00		
08/30/2022	Linda Holland Del Mar, CA 92014		Retired Retired	200.00	20	0.00	
09/01/2022	Paul & Cynthia Desmet Pleasanton, CA 94566	☑IND □COM □OTH □PTY □SCC	President The Ryness Company	250.00	25	0.00	
09/01/2022	Patrick Powers Designs Santa Cruz, CA 95060	☐IND ☐COM ☑OTH ☐PTY ☐SCC		160.00	16	0.00	
			SUBTOTAL	1,713.00			
			<del>_</del>		<del></del>		

\*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

DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * COPATION AND EMPLOYER (FCOMMITTEE ALSO ENTER LO. NUMBER)   FAN INDIVIDUAL, ENTER COCUPATION AND EMPLOYER (FSELE-EMPLOYED ENTER NAME PERIOD   CALENDAR YEAR (JAN. 1 - DEC. 31)   FAN INDIVIDUAL, ENTER COCUPATION AND EMPLOYER (FREQUIRED)					from07/01/	2022	FC	DRM I G
Santa Cruz Together - No on Measure N  DATE RECEIVED  PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  CODE *  COCUPATION MPRILOYER (GFCOMMITTEE, IASOPHTER LO, NUMBER)  O9/01/2022  Janet Romanowski Santa Cruz, CA 95060  O9/02/2022  Teresa Mendoza Santa Cruz, CA 95065  O9/05/2022  Darry Horowitt Presno, CA 93711  O9/06/2022  Darry Horowitt Presno, CA 95073  O9/06/2022  Together - No on Measure N  LIND COM OTH PITY SCC  SIND COM OTH PITY SCC  SCO O9/06/2022  Darry Horowitt Presno, CA 95073  O9/06/2022  Darry Horowitt Soguel, CA 95073  O9/06/2022  Darry Horowitt Soguel, CA 94028  O9/06/2022  Darry Manager Portola Valley, CA 94028  O9/06/2022  Darry Fortola Valley, CA 94028  OSC  SCO O9/06/2022  Darry Fortola Valley, CA 94028  OSC  SCO O9/06/2022  Darry Fortola Valley, CA 94028  OSC OSC OAM OTH PITY SCC  SCO OAM OTH PITY SCC OAM OTH PI					through09/24/	2022	Page _	30 of 46
DATE RCEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR CODE **  O9701/2022  Janet Romanowski Santa Cruz, CA 95060  O9702/2022  Teresa Mendoza Santa Cruz, CA 95065  O9705/2022  Darry Horowitt Fresno, CA 93711  O9706/2022  O9706/2022  Darry Horowitt Santa Cruz CA 95073  O9706/2022  Darry Horowitt Fresno, CA 95073  O9706/2022  Darry Horowitt Soquel, CA 94028  O9706/2022  Darry Horowitt LLP  Darry H	IAME OF FILER			-			I.D. NUN	MBER
DATE   RECEIVED   FULL NAME. SINCE   AUDICESS AND ZP CODE OF CONTRIBUTOR   CONTRIBUT	Santa Cruz To	ogether - No on Measure N					14040	50
Santa Cruz, CA   95060   COM   OTH   PPY   SCC				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	TO DATE
Santa Cruz, CA 95065	09/01/2022		□COM □OTH □PTY		100.00	1	00.00	
Fresho, CA 93711  COM OTH PTY SCC  09/06/2022 Rossana Bruni Soquel, CA 95073  Squel, CA 95073  Squel, CA 95073  Squel, CA 95073  Socc  09/06/2022 John Foster Portola Valley, CA 94028  Sind CEO Aiqudo OTH PTY	09/02/2022		□COM □OTH □PTY		95.00	3	45.00	
Soquel, CA 95073    COM	09/05/2022	Darry Horowitt Fresno, CA 93711	□COM □OTH □PTY		250.00	2	50.00	
Portola Valley, CA 94028  COM OTH PTY	09/06/2022		☐COM ☐OTH ☐PTY	Property Manager Brooks Properties	200.00	3	00.00	
	09/06/2022		□COM □OTH □PTY		250.00	2	50.00	
<b>SUBTOTAL</b> \$ 895.00				SUBTOTALS	895.00			

\*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.)

Monetary	Contributions Received	Amounts may to whole		from 07/01/	•		ornia 460
				through 09/24/	2022	Page _	31 of46
IAME OF FILER						I.D. NUI	MBER
anta Cruz To	ogether - No on Measure N					14040	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/06/2022	Barton Pecchenino Fresno, CA 93730		Manager BDG Properties	1,000.00	1,0	00.00	
09/07/2022	Cory Ray Santa Cruz, CA 95062		Retired Retired	1,000.00	1,0	00.00	
09/09/2022	Thomas De Meo Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00	4	50.00	
09/09/2022	Dennis De Mille Santa Cruz, CA 95063		Retired Retired	250.00	2	50.00	
09/09/2022	Katherine Paterson El Dorado Hills, CA 95762	IND  COM  OTH  PTY  SCC	General Partner Self Employed	1,000.00	1,0	00.00	
			SUBTOTAL	3,500.00			

\*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

			from07/01/	2022	FO	RM • • •
			through09/24/	2022		32 of46
AME OF FILER					I.D. NUMI	BER
anta Cruz Together - No on Measure N					140405	0
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2022 Anthony Silveira Santa Cruz, CA 95065		Broker Time Realty	250.00		50.00	
09/09/2022 Lauren Spencer Capitola, CA 95010	IND  COM  OTH  PTY  SCC	Realtor My Santa Cruz Real Estate	100.00	1	00.00	
09/10/2022 Richard Beach Santa Cruz, CA 95060		Retired Retired	500.00	5	00.00	
09/10/2022 David Wood Santa Cruz, CA 95061	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00		50.00	
09/11/2022 Marjorie Haber Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00	5	00.00	
		SUBTOTAL\$	1,350.00			

\*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.)
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Statement covers period

Monetary	Contributions Received	to whole o		from07/01/	•	CALIFOR FORM	<sup>NIA</sup> 460
				through09/24/	2022	Page3	3 of 46
IAME OF FILER			<u></u>			I.D. NUMBER	8
Santa Cruz To	ogether - No on Measure N					1404050	
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 DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
09/11/2022	Owen Lawlor Santa Cruz, CA 95060		Co-GP Managing Member SCFS Ventures LLC	250.00	25	0.00	
09/12/2022	Garrett Philipp Santa Cruz, CA 95060		N/A N/A	90.00	28	0.00	
09/13/2022	David Adams Pleasanton, CA 94588		Area Construction Manager Woodside Homes	250.00	25	0.00	
09/13/2022	Barbara Avona Aptos, CA 95003		Unknown Unknown	90.00	18	0.00	
09/14/2022	Anne Elder Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Retired N/A	90.00	19	0.00	
			SUBTOTAL \$	770.00			
						·	

\*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

				from07/01/	2022	FC	DRM I G
				through09/24/	2022	Page _	34 of 46
IAME OF FILER			-			I.D. NUN	MBER
Santa Cruz To	ogether - No on Measure N					14040	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/16/2022	William Brooks Santa Cruz, CA 95060		Brooks Properties Self-Employed	100.00	1	00.00	
09/16/2022	Paul Brown Santa Cruz, CA 95060		Sales Alterra Solar	150.00	2	50.00	
09/16/2022	Ken Carlson Santa Cruz, CA 95061		Investor Self-Employed	500.00	1,0	00.00	
09/16/2022	Crema Realty San Jose, CA 95128	□IND □COM ☑OTH □PTY □SCC		125.00	1	25.00	
09/16/2022	Thomas Hamilton San Mateo, CA 94404	☑IND □COM □OTH □PTY □SCC	Retired Retired	250.00	5	00.00	
			SUBTOTAL\$	1,125.00			

\*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 ACO

Statement covers period

		10 1111010	-0.1	from07/01/	2022	FORM 400
				through09/24/	2022 Pag	ge35 of46
NAME OF FILER			L		I.D.	NUMBER
Santa Cruz To	ogether - No on Measure N				14	04050
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2022	Ben & Susan Hawes Davenport, CA 95017	IND  COM  OTH  PTY  SCC	Retired Retired	100.00	100.0	00
09/16/2022	Charles Kaljian Santa Cruz, CA 95062	⊠IND □COM □OTH □PTY □SCC	Economic Analysis Self	500.00	500.(	00
09/16/2022	Karon Family Farm, Co. Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		720.00	720.(	00
09/16/2022	Thomas Knobloch Santa Cruz, CA 95060		Retired Retired	100.00	100.0	00
09/16/2022	Gary Marietti Santa Cruz, CA 95063	IND  COM  OTH  PTY  SCC	Self Trade Self	100.00	200.(	00
			SUBTOTAL	\$ 1,520.00		

\*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

	from07/01/2	FORM I G
	through09/24/2	2022 Page 36 of 46
NAME OF FILER	<u>'</u>	I.D. NUMBER
Santa Cruz Together - No on Measure N		1404050
DATE OCCUPANTIAL ADDITIONAL CONTRIBUTOR OCCUPANTIAL OC	F AN INDIVIDUAL, ENTER CUPATION AND EMPLOYER F SELF-EMPLOYED, ENTER NAME OFBUSINESS)  AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)  CUMULATIVE TO DATE TO DATE (IF REQUIRED)
09/16/2022 Judith McCann Kelsleyville, CA 95451  □ COM □ OTH □ PTY □ SCC		200.00
09/16/2022 Donald Mungai Santa Cruz, CA 95060    XIND Retirement   COM OTH PTY   SCC		100.00
09/16/2022 Margaret Pollard Santa Cruz, CA 95060  COM OTH PTY SCC	profit staff 100.00	200.00
09/16/2022 J.C. Ponzini Soquel, CA 95073    XIND   Retirement	red	250.00
Long Beach, CA 90803	ctor of Accounting, 250.00 roller unction	250.00
	SUBTOTAL\$ 800.00	

\*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

				from07/01/	2022	FO	RM I • •
				through09/24/	2022	Page _	37 of 46
NAME OF FILER			<u> </u>			I.D. NUM	MBER
Santa Cruz To	ogether - No on Measure N					140405	50
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/16/2022	Betty Sakai San Jose, CA 95125		Manager Eugene M Sakai Inc	100.00	1	00.00	
09/16/2022	Melissa Thompson Santa Cruz, CA 95061		Retired Retired	100.00	1	00.00	
09/17/2022	Richard Moe Soquel, CA 95073		Developer Self-Employed	900.00	2,1	50.00	
09/19/2022	Suzanne Golden-Riley Santa Cruz, CA 95062		Leadership Development professional Palo Alto Medical Foundation	100.00	1	00.00	
09/19/2022	Khristina Horn Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Small Business Owner Self-Employed	150.00	5	00.00	
			SUBTOTALS	1,350.00			

\*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.

CALIFORNIA 460

Statement covers period

ADATE RECEIVED  DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  (IF COMMITTEE, ALSO ENTERLD, NUMBER)  DATE RECEIVED  SOURCE  CODE *  DATE RECEIVED  SOURCE  SOURCE  SOURCE  SOURCE  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED THIS PERIOD  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED THIS PERIOD  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED THIS PERIOD  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED THIS PERIOD  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE RECEIVED THIS PERIOD  CALENDAR YEAR (JAN. 1 - DEC. 31)  DATE CALENDAR YEAR (JAN. 1 - DE					from07/01/	2022	FO	ORM '	TUU
DATE RECEIVED  DATE PERIOD  COM COMBURED  DATE PERIOD  TO ALENDARY VAR PERIOD  TO ALENDARY VAR PERIOD  TO DATE (IPREDURED)  DATE PERIOD  TO ALENDARY VAR PERIOD  TO DATE (IPREDURED)  DATE PERIOD  TO DATE (IPREDURED)  TO DA					through 09/24/	2022	Page _	38 of _	46
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED   FAMILY   FA	IAME OF FILER						I.D. NUN	MBER	
DATE   FOLL NAME: SIRCE ADDRESS WILD   FOLL NAME: ASS CHIEFELD NAMER)   COCUPATION AND EMPLOYER   RECEIVED THIS   CALENDAR YEAR (JAN.1-DEC.31)   TODATE (FREQUIRED)	anta Cruz To	ogether - No on Measure N					14040!	50	
Scotts Valley, CA 95066	RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YE (JAN. 1 - DEC.	EAR . 31)	TOD	ATE
Santa Cruz, CA 95060	09/21/2022	Scotts Valley, CA 95066	□COM □OTH □PTY □SCC	Self					
Santa Cruz, CA 95060  COM OTH PTY Self  Self  Self  O9/21/2022 El Rancho Shopping Center c/o Patti Eller Santa Cruz, CA 95062  O9/21/2022 Jennifer Hutson Santa Cruz, CA 95060  O9/21/2022 Jennifer Hutson Santa Cruz, CA 95060  OOM OTH PTY SCC	09/21/2022		COM OTH PTY		100.00	1	50.00		
Santa Cruz, CA 95062  COM OFF TY SCC  Santa Cruz, CA 95060	09/21/2022		☐COM ☐OTH ☐PTY	Family Therapist	500.00	5	00.00		
Santa Cruz, CA 95060  COM OTH PTY SCC	09/21/2022		□COM  ☑OTH □PTY □SCC		500.00	5	00.00		
SUBTOTAL \$ 1,450.00	09/21/2022		COM OTH PTY		250.00	2	50.00		
·				SUBTOTAL \$	1,450.00				

\*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.)
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CALIFORNIA 460

Statement covers period

				from07/01/	2022	FC	KWI		
				through09/24/	2022	Page _	39 of 46		
NAME OF FILER						I.D. NUMBER			
Santa Cruz Together - No on Measure N 1404050									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
09/21/2022	David Kassel Aptos, CA 95003		Medical Doctor David M. Kassel, MD Inc	100.00	1	99.00			
09/21/2022	Locust Street LLC Santa Cruz, CA 95062	□IND □COM ☑OTH □PTY □SCC		250.00	3	50.00			
09/21/2022	Patricia Pianavilla Bend, OR 97702		Retired Retired	100.00	1	00.00			
09/21/2022	Ponte Vecchio, LLC Santa Cruz, CA 95063	□IND □COM ☑OTH □PTY □SCC		250.00	2	50.00			
09/21/2022	Santa Cruz Seaside Company Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		5,000.00	10,0	00.00			
			SUBTOTAL \$	5,700.00					

\*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 160

Statement covers period

			from07/01/	2022	FORM 400
			through <sup>09/24/</sup>	2022	Page40_ of46
NAME OF FILER					I.D. NUMBER
Santa Cruz Together - No on Measure N					1404050
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
09/21/2022 Denise Vogel Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Retired Retired	500.00	500	0.00
09/21/2022 Russell Weisz Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	100	0.00
09/23/2022 Carle & Carle Properties CA, CA 95062	□IND □COM ☑OTH □PTY □SCC		500.00	50(	0.00
09/23/2022 Kelly Porter Sanchez Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Owner Self - Kelly's French Bakery - Wholesale and Speakeasy	250.00	25(	0.00
09/23/2022 Patricia Ross Capitola, CA 95010	IND  COM  OTH  PTY  SCC	Marketing Christopher Ranch	250.00	25(	0.00
		SUBTOTALS	1,600.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

	netary Contributions Received		Amounts may be rounded to whole dollars.		froi	Statement covers p m07/01/202 ough09/24/202	22	FO	SCHEDUL ORNIA 46
NAME OF FILE	TIONS ON REVERSE R							I.D. NUMB	
Santa Cruz	z Together - No on Measure N							1404050	)
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2022	Brereton Law Office Santa Cruz, CA 95060	□IND □COM ☑OTH □PTY □SCC		Postage donat	ed	51.00		801.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							

**SUBTOTAL \$** 51.00 Attach additional information on appropriately labeled continuation sheets.

#### **Schedule C Summary**

Amount received this period – itemized nonmonetary contributions.	<b>\$</b> 51.00
(Include all Schedule C subtotals.)	
$2. \ \ Amount\ received\ this\ period-unitemized\ nonmonetary\ contributions\ of\ less\ than\ \$100$	\$\$
3. Total nonmonetary contributions received this period.	
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	<b>TOTAL \$</b> 51.00

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY - Political Party

51.00

\*Contributor Codes

SCC - Small Contributor Committee

Schedule E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

#### Amounts may be rounded to whole dollars.

		SCHEDULE E
Statem	ent covers period	CALIFORNIA 160
from	07/01/2022	FORM TOO
through	09/24/2022	Page of
		I.D. NUMBER
		1404050

Santa Cruz Together - No on Measure N

**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)
LII	campaign incrature and mailings	1 131	print add	VVLD	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
Maverick Mailing, LLC Santa Cruz, CA 95060	POS	Postage, Mailing Service	584.28
Sentinel Printers, Inc Santa Cruz, CA 95060	CMP	Printing & Copying	365.99
Community Printers, Inc. Santa Cruz, CA 95062	CMP		2,059.36

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3,009.63

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	16,501.82
2. Unitemized payments made this period of under \$100\$_	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	16,501.82

Schedule E	
(Continuatio	n Sheet)
<b>Payments M</b>	ade

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2022	FORM TOO
through09/24/2022	Page 43 of 46
	I.D. NUMBER
	1404050

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Cruz Together - No on Measure N

**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)\* 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

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
U.S. Postal Service Santa Cruz, CA 95060-9998	POS		332.00
Rally Campaigns San Fran, CA 94102	CNS		5,000.00
Maverick Mailing, LLC Santa Cruz, CA 95060	POS	Postage, Mailing Service	559.80
Community Printers, Inc. Santa Cruz, CA 95062	СМР	Yard Signs	1,229.43
Rally Campaigns San Fran, CA 94102	СМР	Communication Services - Sept, Design Fee-Aug Lawn Sign	5,428.75
		CHRIOTAL	<u> </u>

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

12,549.98

Schedule E	
(Continuation She	et)
Payments Made	-

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2022	FORM TOO
through09/24/2022	Page 44 of 46
	I.D. NUMBER
	1404050

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Santa Cruz Together - No on Measure N

**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

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
Stripe, Inc San Francisco, CA 94103	PRO	Bank Processing Fees	942.21

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 

942.21

## Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from07/01/2022	FORM 40U
through09/24/2022	- Page <u>45</u> of <u>46</u>
	I.D. NUMBER
	1404050

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

TW WILL OF THELET

Santa Cruz Together - No on Measure N

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Community Printers, Inc.

CODES:	If one of the	following o	codes accurately	describes 1	the payment,	you may	enter the	code.	Otherwise,	describe	the pay	yment.
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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)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Dan Coughlin Santa Cruz, CA 95065	CMP	Yards Signs Reimbursement	1,229.43

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

1,229.43

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period  from 07/01/2022	california form					
			through09/24/2022	Page 46 of 46					
SEE INSTRUCTIONS ON REVERSE									
				I.D. NUMBER					
Santa Cruz 1	Together - No on Measure N			1404050					
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH					
09/23/2022	Brereton Law Office Santa Cruz, CA 95060	Cash Increase C	orrection	305.0					
Attach add	ditional information on appropriately labeled continuation sheets.	l	SUBTOTAL	\$ 305.0					
Schedule	I Summary								
	increases to cash this period.		\$ 305.00						
	ed increases to cash of under \$100 this period			-					
	Il interest received this period on loans made to others. (Sche			-					
	cellaneous increases to cash this period. (Add Lines 1, 2, ar		· -						

305.00