Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from09/25/2022 through10/22/2022	Date of election if applicable: (Month, Day, Year)	E-Filed 10/27/2022 16:07:47 Filing ID: 205369931	CALIFORNIA 460 FORM Page1 of15 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/ Ufficeholder Committee So Complete Part 7)	2. Type of Statement:	Sprmination) St	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information	NUMBER L440307	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Cummings for Supervisor 2022		NAME OF TREASURER Ross Albert MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Santa Cruz		P CODE AREA CODE/PHONE 5060 (925)788-9638
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Santa Cruz CA 9506 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		Justin Cummings MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
Santa Cruz CA 9506	1	Santa Cruz	CA 9	5060
OPTIONAL: FAX / E-MAIL ADDRESS cummings4supervisor@gmail.com		OPTIONAL: FAX / E-MAIL ADDR	ESS	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 10/27/2022 Date Executed on 10/27/2022 Date Executed on Date Executed on Date	a that the foregoing is true and correct. By Ross Alber Dustin Cum	Signature of Treasurer or Assistant T mings introlling Officeholder, Candidate, State Measure Prop Signature of Controlling Officeholder, Candidate, Sta	reasurer ponent or Responsible Officer of Spons ate Measure Proponent	
Date		Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF FC	4	6	0		
Page _	2	of _	15		

Officeholder or Candidate Controlled Com	mittee	•	6.	Primarily Formed Ball	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Justin Cummings								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTI	ON		
County Supervisor: County District 3								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP		Identify the controlling of	ficeholder, ca	ndidate, or s	tate measure	proponent, if any
	Santa Cruz CA	95060		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your of	u or are primarily formed			OFFICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMIT		7.	Primarily Formed Can				
NAME OF TREASURER	YES NO			officeholder(s) or candidate(s) for which th	is committee is	s primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA COI	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	
								SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO							OPPOSE
CONVINITTEE ADDRESS (NO P.O.	DUA)							<u> </u>
CITY STATE ZIP	CODE AREA COI	DE/PHONE		Λ 44~	nch continuati	on shoots if	nococcari	
		-		Atta	icii conunuati	on sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMN	//ARY PAGE
JDNIIA	400

Statem	ent covers period	CALIFORNIA 160
from	09/25/2022	FORM TOO
through _	10/22/2022	Page 3 of 15
		I.D. NUMBER
		1440207

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cummings for Supervisor 2022 1440307

1. Monetary Contributions Schedule A, Line 3 \$ 10,238.00 \$ 74,149.00 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 0.00 0.00 0.00 0.00 0.00 1/1 through 6/30 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 10,238.00 \$ 74,149.00 0.00 20.00 </th <th>Contributions Received</th> <th>Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th> <th></th> <th>Column B CALENDAR YEAR TOTAL TO DATE</th> <th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>	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 General Elections
2. Loans Received Schedule B. Line 3	1. Monetary Contributions Schedule A, Line 3	\$ 10,238.00	\$	74,149.00	
4. Nonmonetary Contributions Schedule E, Line 4 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 1+2 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 6. Payments Made 6. Payments Made 8. Substotal E, Line 4 7. Loans Made 8. Substotal E, Line 4 8. Substotal E, Line 4 8. Substotal E, Line 4 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule F, Line 3 11. 629.80 9. Accrued Expenses (Unpaid Bills) Schedule C, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. Cash Receipts Schedule C, Line 3 12. Expenditures Limit Summary for State Candidates 22. Cumulative Expenditures Made' 11. 629.80 10. 00 10. 00 10. 00 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Schedule I, Line 4 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 11. 629.80 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 17. LOAN GUARANTEES RECEIVED Schedule B, Pan 2 18. Cash Equivalents See instructions on reverse \$ 0.00 Cash Equivalents See Instructions				0.00	1/1 through 6/30 7/1 to Date
4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 10,238.00	\$	74,149.00	20. Contributions Received \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. Subtotal CASH PAYMENTS 8. Subtotal Expenses (Unpaid Bills) 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASHBALANCE 16. ENDING CASHBALANCE 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents 19. Cash Equivalents 19. Cash Equivalents 19. Cash Equivalents 19. Cash Equivalents 29. Cardidates 29. Candidates 20. Candidates 22. Cumulative Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures 10. 0.00 10. 0	4. Nonmonetary Contributions	0.00		0.00	21 Expenditures
6. Payments Made Schedule E, Line 4 \$ 11,629.80 \$ 69,570.03 \$ Candidates 7. Loans Made Schedule H, Line 3 0.00 0.00 \$ 0.	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 10,238.00	\$	74,149.00	Made \$ \$
7. Loans Made	Expenditures Made				Expenditure Limit Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 11,629.80 \$ 69,570.03 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 \$ 11,629.80 \$ 69,570.03 12. Beginning Cash Balance Previous Summary Page, Line 16 10.00 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 15. Cash Payments Add Lines 12+13+14, then subtract Line 15 15. R68.90 16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15 15. R68.90 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00 18. Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Accrued Expenses (Unpaid Bills) (0.00 0.00 0.00 0.00 19. On 0.00 11. TOTAL EXPENDITURES MADE (Unpaid Bills) (0.00 0.00 0.00 11. TOTAL EXPENDITURES MADE (Unpaid Bills) (0.00 0.00 0.00 11. TOTAL EXPENDITURES MADE (Unpaid Bills) (0.00 0.00 0.00 12. Cash Statement (Unpaid Bills) (0.00 0.00 0.00 13. Cash Receipts (0.00 0.00 0.00 0.00 14. TOTAL EXPENDITURES MADE (Unpaid Bills) (0.00 0.00 0.00 15. Cash Payments (0.00 0.00 0.00 0.00 16. Total to Date (Inmit) (unpriddlyy)	6. Payments Made Schedule E, Line 4	\$ 11,629.80	\$	69,570.03	Candidates
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 11,629.80 \$ 69,570.03 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 0.00 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 11,629.80 \$ 69,570.03 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 17,260.70 1.00 2.00 1.00 2.00 2.00 3.00 3.00 3.00 3.00 3.00 3	7. Loans Made Schedule H, Line 3	0.00		0.00	22 Cumulative Expenditures Made*
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 1.1. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 11,629.80 \$ 69,570.03 \$	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 11,629.80	\$	69,570.03	
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00		0.00	
Current Cash Statement 12. Beginning Cash Balance	10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
12. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE	\$ 11,629.80	\$	69,570.03	
13. Cash Receipts	Current Cash Statement				/ \$
14. Miscellaneous Increases to Cash	12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 17,260.70	То	calculate Column B, add	
14. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above	10,238.00			
16. ENDING CASH BALANCE	14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	
16. ENDING CASH BALANCE	15. Cash Payments	11,629.80			
If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 15,868.90	fig	ures that should be	
17. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only	
To. Cach Equivalence			fro	m Lines 2, 7, and 9 (if	
19. 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			

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

Schedule	A							SCHEDULE A
Monetary	Contributions Received		ts may be rounded whole dollars.	Statement coverage from09/25/20			FORNI <i>A</i> DRM	460
SEE INSTRUCTION	ONS ON REVERSE			through	022	Page	4	of <u>15</u>
NAME OF FILER						I.D. NU	MBER	
Cummings for	r Supervisor 2022					14403	07	
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 YEA (JAN. 1 - DEC. 3	AR	Т	ELECTION O DATE REQUIRED)
09/27/2022	Damiao Nunes Freedom, CA 95019		Electrician Shorebreak electric	50.00	3(00.00	G2022	\$100.00
09/27/2022	Operating Engineers Local 3 District 90 (ID# 891403) Alameda, CA 94502	☐IND ☐COM ☐OTH ☐ PTY ☑SCC		1,000.00	2,00	00.00	G2022	\$1,000.00
09/28/2022	Lynda Marin Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	social justice philanthropy Fund for Nonviolence	100.00	3(00.00		
10/04/2022	Mary Offermann Santa Cruz, CA 95062	IND COM OTH PTY SCC	Artist Self	300.00	3(00.00		
10/05/2022	Myra Finkelstein Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Professor UCSC	100.00	20	00.00	G2022	\$100.00
			SUBTOTAL\$	1,550.00				
Schedule	A Summary	<u> </u>			*Contr	butor C	odes	$\overline{}$

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

COM - Recipient Committee

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

SCC - Small Contributor Committee

IND - Individual

PTY - Political Party

8,865.00

10,238.00

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(Include all Schedule A subtotals.)\$ ___

2. Amount received this period – unitemized monetary contributions of less than \$100\$

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cove	•	FORM 460		
				through10/22/	2022	Page _	5 of	15
IAME OF FILER			-			I.D. NU	MBER	
ummings for	Supervisor 2022					14403	07	
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	TO	LECTION DATE QUIRED)
10/05/2022	Robert Morgan Santa Cruz, CA 95062		Not employed Not employed	150.00	1	50.00		
10/06/2022	Igor Garvic Santa Cruz, CA 95060	IND COM OTH PTY SCC	Owner Catalyst	525.00	5	25.00		
10/10/2022	Sean McGowen Santa Cruz, CA 95062	☑IND □COM □OTH □PTY □SCC	Not Employed Not Employed	525.00	1,0	25.00	G2022	\$500.00
10/10/2022	Nick Sieracki Sylmar, CA 91342	IND COM OTH PTY SCC	Disinguished Architect Zoom	200.00		00.00		
10/11/2022	Angelee Dion Santa Cruz, CA 95060	IND COM OTH PTY SCC	Not Employed Not Employed	100.00	3	50.00	G2022	\$200.00
			SUBTOTALS	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

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	Amounts may to whole		Statement cove	ers period Care 2022	ALIFORNIA FORM	460
				through10/22/	2022 Pa	ge6 of	15
AME OF FILER					1.0	. NUMBER	
ummings for	Supervisor 2022				14	40307	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	ТО	ECTION DATE QUIRED)
10/11/2022	Paul Gratz Santa Cruz, CA 95061		Not employed Not employed	150.00	150.	00	
10/11/2022	Lynda Marin Santa Cruz, CA 95060		social justice philanthropy Fund for Nonviolence	200.00	300.	00	
10/11/2022	Matthew Nathanson Santa Cruz, CA 95060		Retired Retired	250.00	750.	00 G2022	\$250.00
10/11/2022	Don Roberts Santa Cruz, CA 95060		Retired Retired	300.00	600.	00 G2022	\$300.00
10/12/2022	Gillian Greensite Santa Cruz, CA 95060	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Employed Not Employed	200.00	200.	00	
			SUBTOTAL	1,100.00			

*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

				from09/25/	2022	F(ORM	T 00
				through 10/22/	2022	Page _	of	15
IAME OF FILER						I.D. NU	MBER	
ummings for	Supervisor 2022					14403	07	
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	TO	LECTION DATE QUIRED)
10/12/2022	David Larkin Bonny Doon, CA 95060	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Coffeetopia Inc.	200.00		00.00		
10/13/2022	Bruce Jaffe Aptos, CA 95003	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Oceanographer US Geological Survey	525.00	5	25.00	G2022	\$500.00
10/13/2022	Becca Moeller Santa Cruz, CA 95060		Not Employed Not Employed	100.00	1	00.00		
10/15/2022	Katherine Beiers Santa Cruz, CA 95060	IND COM OTH PTY SCC	Retired Retired	-100.00		0.00		
10/15/2022	Katherine Beiers Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Retired Retired	100.00		0.00		
			SUBTOTAL	825.00				

*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

		to whole t	uonars.	from09/25/	2022	FORM 40U
				through 10/22/	2022 Pa	ge8 of15
IAME OF FILER					I.D	. NUMBER
ummings for	Supervisor 2022				14	40307
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)	TO DATE
10/15/2022	Brett Garrett Santa Cruz, CA 93117		Website hosting Self	150.00	150.	00
10/16/2022	Rachel O'Malley Santa Cruz, CA 95060	IND COM OTH PTY SCC	Professor San Jose State University	100.00	100.	00
10/18/2022	David Yule Santa Cruz, CA 95061		Not Employed Not Employed	100.00	100.	00
10/20/2022	Christina Campriello Santa Cruz, CA 95062		Sales Account Manager Univar Solutions	250.00	500.	00 G2022 \$250.00
10/20/2022	Keresha Durham Santa Cruz, CA 95060	☑IND □COM □OTH □PTY □SCC	Educator Santa Cruz City Schools	525.00	525.	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.)
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CALIFORNIA 460

Statement covers period

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBUSINESS) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OFBU	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE *	.5
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * CONTRIBUTOR OCCUPATION AND EMPLOYER OF BUSINESS) 10/20/2022 Craig Haney Santa Cruz, CA 95062 Craig Haney Santa Cruz, CA 95062 Faul Johnston Santa Cruz, CA 95062 Full NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS PERIOD COM University of California, Santa Cruz From INDIVIDUAL, ENTER AMOUNT RECEIVED THIS PERIOD COM University of California, Santa Cruz Full Name, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * CODE * CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS PERIOD COLUMN (IF REQUIDED THE PRIOD COLUMN (IF REQUIDED TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)) COM University of California, Santa Cruz Full Name (Figure 1) Santa Cruz Full Name (Figure 1) Santa Cruz CODE * CODE *	
DATE RECEIVED FOLL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CONTRIBUTOR CODE * CONTRIBUTOR CODE * COUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
Santa Cruz, CA 95062 University of California, Santa Cruz OTH PTY SCC Diversity of California, Santa Cruz Not Employed Not Employed Not Employed Not Employed Not Employed Not Employed	
Santa Cruz, CA 95062 Not Employed	
□OTH □PTY □SCC	
10/20/2022 Susan Kauffman Santa Cruz, CA 95062 XIND COM OTH PTY SCC	
XIND Sales	
William Malone Santa Cruz, CA 95060 XIND Not Employed 200.00 725.00 Toom OTH PTY SCC SCC SCC Scalar Cruz CA 95060 Toom COM	
SUBTOTAL\$ 750.00	

*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

	from09/25/	2022	FORM • • •
	through10/22/	2022 Pa	ge <u>10</u> of <u>15</u>
AME OF FILER		I.D	. NUMBER
dummings for Supervisor 2022		14	40307
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)	TO DATE
Craig Reinarman Santa Cruz, CA 95060 Sa	100.00	140.	00 P2022 \$100.00 G2022 \$40.00
Bill Schultz Santa Cruz, CA 95060 COM OTH PTY SCC	100.00	100.	00
10/20/2022 Peter Scott Santa Cruz, CA 95060 COM OTH PTY SCC	250.00	250.	00
Luis Alejo Salinas, CA 93907 COM OTH PTY SCC County Supervisor Monterey County	100.00	100.	00
Total Content Santa Cruz, CA 95062 Sant	100.00	100.	00
SUBTOTAL	\$ 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.)

Monetary	Contributions Received	Amounts may to whole		Statement cove	•		FORNIA ORM	460
				through10/22/	2022	Page _	11 of	15
IAME OF FILER						I.D. NU	MBER	
ummings for	Supervisor 2022					14403	07	
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	TO	LECTION DATE QUIRED)
10/21/2022	Lin Florinda Colavin Santa Cruz, CA 95062	IND COM OTH PTY SCC	Not Employed Not Employed	200.00	6	50.00		
10/21/2022	Andrew Goldenkranz Aptos, CA 95003	⊠IND □COM □OTH □PTY □SCC	Educator Fremont Union High School District	100.00	1	00.00		
10/21/2022	Erik Granath Santa Cruz, CA 95060	IND COM OTH PTY SCC	Owner Parish Public House	525.00	1,0	25.00	G2022	\$500.00
10/21/2022	Jonathan Wittwer Santa Cruz, CA 95060		Attorney Wittwer & Parkin LLP	515.00	5	15.00		
10/22/2022	shandara gill Santa Cruz, CA 95073	IND COM OTH PTY SCC	Executive Director Yoga For All Movement	25.00	2	50.00	G2022	\$125.00
			SUBTOTAL \$	1,365.00				

*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
from09/25/2022	FORM TOO
through	Page12 of15
	I.D. NUMBER
	1440307

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cummings for Supervisor 2022

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
Martha Macambridge Santa Cruz, CA 95063	PRO			948.55
Staples Santa Cruz, CA 95062	LIT	Walkpiece		386.52
Staples Santa Cruz, CA 95062	OFC			11.46

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,346.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	11,588.82
2. Unitemized payments made this period of under \$100\$_	40.98
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.)	11,629.80

Schedule E	
(Continuation Sheet)
Payments Made	-

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 160	۱
from	09/25/2022	FORM 400	
through	10/22/2022	Page13 of15	
		I.D. NUMBER	
		1440307	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cummings for Supervisor 2022

campaign literature and mailings

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

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
Community Printers Santa Cruz, CA 95062	LIT		5,877.4
United States Postal Service Santa Cruz, CA 95060	POS	Postage	3,363.2!
Digital Inspiration Mountain View, CA 94043	WEB		29.9
Staples Santa Cruz, CA 95062	LIT		8.72
BroPrints Santa Cruz, CA 95060	СМР	T-Shirts	548.9

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

SUBTOTAL \$

9,828.37

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160			
from09/25/2022	FORM 400			
through10/22/2022	Page14 of15			
	I.D. NUMBER			
	1440307			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cummings for Supervisor 2022

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 petition circulating CVC civic donations PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research fundraising events 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 POS

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
ActBlue Donate Somerville, MA 02144-0031	WEB	Transaction Fees	77.00
United States Postal Service Santa Cruz, CA 95060	POS	PO Box Renewal	166.00
Facebook Menlo Park, CA 94025	WEB		7.00
- Facebook Menlo Park, CA 94025	WEB		10.00
Facebook Menlo Park, CA 94025	WEB		15.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 275.00

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460			
from09/25/2022	FORM TOO			
through10/22/2022	Page 15 of 15			
	I.D. NUMBER			
	1440307			

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

Cummings for Supervisor 2022

campaign literature and mailings

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

print ads

PRT

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Digital Inspiration Mountain View, CA 94043	WEB		19.95
Facebook Menlo Park, CA 94025	WEB		18.00
MailChimp c/o The Rocket Science Group, LLC Atlanta, GA 30308	WEB		59.00
Facebook Menlo Park, CA 94025	WEB		25.00
Safeway 2607 Santa Cruz, CA 95060	OFC		16.97

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 138.92