

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA  
**460**  
FORM

Date Stamp  
**RECEIVED**  
**OCT 25 2016**  
**CITY CLERK'S DEPT.**

Page 1 of 12  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
Nov. 8, 2016

Statement covers period  
from 7/1/2016  
through 10/3/2016

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored (Also Complete Part 6)
  - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Sandy Brown for city council 2016

I.D. NUMBER 1390388

STREET ADDRESS (NO P.O. BOX)  
412 Lincoln Street

CITY Santa Cruz STATE CA ZIP CODE 95060 AREA CODE/PHONE (831)246-0399

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)  
Santa Cruz CA 95060 (831)246-0399

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Bill Hayes

MAILING ADDRESS  
330 24th Ave

CITY Santa Cruz STATE CA ZIP CODE 95060 AREA CODE/PHONE (831)49-4613

NAME OF ASSISTANT TREASURER, IF ANY  
Mathew & Timman

MAILING ADDRESS  
12 Juliette St. #3

CITY Boston STATE MA ZIP CODE 02127 AREA CODE/PHONE (602)303-9159

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/3/2016 Date  
By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 10/3/2016 Date  
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Sandra (Sandy) Brown

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Santa Cruz City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
412 Lincoln Street Santa Cruz CA 95060

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

Page 3 of 10  
I.D. NUMBER 1390388

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Sandy Brown for City Council 2016

Statement covers period from 7/1/2016 through 10/3/2016

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$ 9,626	\$ 9,626
2. Loans Received	Schedule B, Line 3	1,456	1,456
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	317	317
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	11,399	11,399

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1,000	\$ 1,000
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	1,000	1,000

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	\$
13. Cash Receipts	Column A, Line 3 above	3,171	3,171
14. Miscellaneous Increases to Cash	Schedule I, Line 4		
15. Cash Payments	Column A, Line 8 above	2,142	2,142
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	1,129	1,129

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	\$ 0
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	2,500	2,500

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

20. Contributions Received	\$ 11,399	7/1 to Date
21. Expenditures Made	\$ 1,000	7/1 to Date

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	\$ 1,000	Total to Date
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\*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

**CALIFORNIA 460  
FORM**

Statement covers period  
from 7/1/2016  
through 8/23/2016  
Page 4 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Sandy Brown for City Council 2016

I.D. NUMBER

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)	PERELECTION TO DATE (IF REQUIRED)
7/1/2016	Nora Hochman 5330 Green Haven Road Sausalito CA 94073	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union representative California Nurses Association	\$100		\$100
8/7/2016	James Cochran 5221 Coast Road Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sweetenberry Farm	\$350		\$350
8/12/2016	Andrew Schiffman 130 Felton Lagoon Drive Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	consultant Federal Emergency Management Agency	\$100		\$100
8/23/2016	Theresa Brown POB 819 Snow Camp, NC 27349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	philanthropist	\$350		\$350
8/23/2016	Karen Shaffer POB 819 Snow Camp, NC 27349	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$350		\$350

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1250
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 124
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1454

\*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  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA **460**  
FORM

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Statement covers period

from 8/27/2016  
through 9/15/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandy Brown for City Council 2016

I.D. NUMBER

1390388

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)
8/27/2016	Amy Newell 3 Park Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$350		\$350
9/1/2016	Jo Kenney 250 Vista Bella Drive Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coordinator Friends of Santa Cruz State Parks	\$100		\$100
9/1/2016	Paula Mack 111 Trape Way Santa Cruz 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RN Dominican Hospital	\$350		\$350
9/12/2016	Jeffrey Smedberg 170 Hagemann Avenue Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100		\$100
9/15/2016	Edward Porter 102 Lighthouse Avenue Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200		\$200
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \$1,100

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \$1,100

\*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

Statement covers period  
from 9/6/2016  
through 9/10/2016

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I.D. NUMBER  
1390388

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Gandy Brown for city Council 2016

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)
9/6/2016	Reed Searle 114 Swift Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Unwyr	\$200		\$200
9/6/2016	David Werlin 124 Taylor Street Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bargaining Director SEIU 2015	\$100		\$100
9/9/2016	Matthew Nathanson 818 Western Drive Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RN Santa Cruz county	\$150		\$150
9/10/2016	Denise / Alan Holbert 208 Ocean View Ave Santa Cruz CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200		\$200
9/10/2016	Glenn Johnson 2013 Halterman Avenue Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Consultant	\$100		\$100
<b>SUBTOTAL \$</b>						

\*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

Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 750

Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 35

Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 785

Amounts may be rounded  
to whole dollars.

**Schedule A  
Monetary Contributions Received**

Statement covers period  
from 9/24/2016  
through 9/24/2016

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I.D. NUMBER  
1390388

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dwight Brown for City Council 2016

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)
9/24/2016	Jill Ayers 330 34th Ave Santa Cruz CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manager Sabahrayshim.com	\$200		\$200
9/24/2016	Gretchen Buch 920 West Cliff Drive Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor/Lawyer Self-Employed	\$300		\$300
9/24/2016	Charlene Horwitz Cece 240 Circle Drive Ben Lomond CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100		\$100
9/24/2016	Steven Duke 916 Sir Francis Avenue Capitola CA 95010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Staff Member Santa Cruz County Farm Bureau	\$100		\$100
9/24/2016	Tim Fitzmaurice 107 Green Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writing Instructor- Teacher UCSC	\$350		\$350

SUBTOTAL \$

\*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 Summary**  
1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2050  
2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 409  
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 749

Amounts may be rounded to whole dollars.

**Schedule A  
Monetary Contributions Received**

Statement covers period from 9/12/2016 through 9/23/2016

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Sandy Brown for City Council 2016

I.D. NUMBER  
1390388

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)
9/12/2016	Elaine Kihara 1322 Laurel Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100		\$100
9/15/2016	Jacquelyn Griffith 239 catkin Place Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Independent Consultant Self-Employed	\$350		\$350
9/17/2016	Robert Guzley 1143 1/2 E. cliff Drive Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator self Employed	\$100		\$100
9/19/2016	Paul Elerick 1960 Jennifer Drive Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$350		\$350
9/23/2016	Kaitlin Gafney 179 Pierce Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Private Practice	\$100		\$100

—SUBTOTAL \$

**Schedule A Summary**

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 7000
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 175
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 7175**

\*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  
Monetary Contributions Received**

Statement covers period  
from 9/24/2016  
through 9/24/2016

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I.D. NUMBER  
4390388

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Sandy Brown for city council 2016

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)
9/24/2016	Mary Graydon-Fontana 423 Marnell Ave Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Teacher	\$200		\$200
9/24/2016	Brian Muntha Anderson St Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Court Appointee Advocate - Volunteer	\$100		\$100
9/24/2016	Gretchen Reichenhardt 619 Orchard Street Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Directing Attorney CA Rural Legal Assistance	\$100		\$100
9/24/2016	Roxanne L Rothfel 5430 Coast Road Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150		\$150
9/24/2016	Roland Saher 2355 Brommer Street Santa Cruz CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Teacher	\$350		\$350
<b>SUBTOTAL \$</b>						

\*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

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 900

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 205

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1105

**Schedule A Summary**

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA **460**  
FORM

Statement covers period

from 9/24/2016  
through 10/31/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandy Brown for City Council 2016

I.D. NUMBER

1390388

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)
9/24/2016	Peter Shanks 410 Dakota Rd Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Union Activist Self-Employed	\$250		\$250
9/26/2016	Rachel OMalley 123 Green Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor San Jose State University	\$350		\$350
9/28/2016	Jeffrey Bluseck 187 Gold Mine Drive San Francisco, CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RN	\$100		\$100
10/2/2016	Christopher Krohn 104 Green Street Santa Cruz CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Director UCSC	\$300		\$300
10/3/2016	IBEW Local 234 PAC # 1316529 10300 Merritt Street Castroville CA 95012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250		\$250
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 1250
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 595
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1795

\*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  
Monetary Contributions Received**

Statement covers period  
from 10/2/2016  
through 10/13/2016

Page 1 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sandley Brown for City Council 2016

I.D. NUMBER

1390388

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)
10/2/2016	Monterey/Santa Cruz Building and Construction Trades Council PAC # 1390388 10012th Street Bldg. 20102 Suite 107 Marina CA 94033	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250		\$250
10/3/2016	Geoff Bryden 915 Fernview Avenue Arcadia CA 91007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist California Institute of Technology	\$100		\$160
10/3/2016	David Harne Sweet/Kihara 1322 Laurel Street Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired History Teacher (David) VCSA Admin Staff Member (Kihara)	\$100		\$160

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 450
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 213
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 763

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

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

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jandy Brown for City Council 2016

Statement covers period

from 7/1/2016  
through 10/3/2016

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I.D. NUMBER

1390388

**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)

Bruce Van Allen

NBR

DESCRIPTION OF PAYMENT

San Bernardino County Elections Clerk

FIL

AMOUNT PAID

\$1000

Secretary of State

FIL

\$1406

\$50

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

SUBTOTAL \$

2450