1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] Primarily Formed Candidate/Officeholder Committee

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

3. **Committee Information**

   **I.D. NUMBER**
   1385125

   **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**
   RE ELECT DONNA LIND FOR SCOTTS VALLEY CITY COUNCIL 2016

   **STREET ADDRESS (NO P.O. BOX)**
   114 BELAIR COURT

   **CITY**
   SCOTTS VALLEY

   **STATE**
   CA

   **ZIP CODE**
   95066

   **AREA CODE/PHONE**
   831-438-4187

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

   **CITY**
   SCOTTS VALLEY

   **STATE**
   CA

   **ZIP CODE**
   95066

   **AREA CODE/PHONE**
   831-621-2243

4. **Treasurer(s)**

   **NAME OF TREASURER**
   JULIE MAZUREK

   **MAILING ADDRESS**
   552 BEAN CREEK ROAD #83

   **CITY**
   SCOTTS VALLEY

   **STATE**
   CA

   **ZIP CODE**
   95066

   **AREA CODE/PHONE**
   831-621-2243

   **NAME OF ASSISTANT TREASURER, IF ANY**

   **MAILING ADDRESS**

   **CITY**

   **STATE**

   **ZIP CODE**

   **AREA CODE/PHONE**

   **OPTIONAL: FAX / E-MAIL ADDRESS**

   **Verifications**

   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**
   11/17/2020

   **Executed on**
   11/18/2020

   **By**

   **Signature of Treasurer or Assistant Treasurer**

   **By**

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

   **By**

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent**

   **By**

   **Signature of Controlling Officeholder, Candidate, State Measure Proponent**
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DONNA LIND
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL SCOTTS VALLEY CA 95066
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
114 BELAIR COURT SCOTTS VALLEY CA 95066

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?

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

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0</td>
<td>50</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
<td>50</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0</td>
<td>50</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
<td>50</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>50</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0</td>
<td>50</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$1,286.84</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$1,286.84</td>
<td></td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
</tr>
</tbody>
</table>