Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 01-01-17 through 06-30-17

Date of election if applicable:
(Month, Day, Year)

CITY OF SCOTT'S VALLEY

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 9)
☑ 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)

3. Committee Information

I.D. NUMBER 1276172

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Scotts Valley Town Center Now

STREET ADDRESS (NO P.O. BOX)
225 Navigator Drive

CITY
Scotts Valley

STATE CA
ZIP CODE 95066
AREA CODE/PHONE (831) 419-1701

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

CITY
Scotts Valley

STATE CA
ZIP CODE 95066
AREA CODE/PHONE (831) 234-3322

Treasurer(s)

NAME OF TREASURER
Eric P. Selb

MAILING ADDRESS
629 Coast Range Drive

CITY
Scotts Valley

STATE CA
ZIP CODE 95066
AREA CODE/PHONE (831) 419-1701

NAME OF ASSISTANT TREASURER, IF ANY
Jim Reed

MAILING ADDRESS
225 Navigator Drive

CITY
Scotts Valley

STATE CA
ZIP CODE 95066
AREA CODE/PHONE (831) 419-1701

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 7/17/17
Date

By
Signature of Treasurer or Assistant Treasurer

Executed on
Date

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

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL THIS PERIOD</strong> (&lt;br&gt;FROM ATTACHED SCHEDULES)</td>
<td><strong>CALENDAR YEAR TO DATE</strong></td>
</tr>
<tr>
<td>$0.00</td>
<td>$0.00</td>
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</table>

1. Monetary Contributions .................................. Schedule A, Line 3 $0.00 $0.00
2. Loans Received ............................................. Schedule B, Line 3 $0.00 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $0.00 $0.00
4. Nonmonetary Contributions ............................... Schedule C, Line 3 $0.00 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3 + 4 $0.00 $0.00

### Expenditures Made

<table>
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6. Payments Made ............................................. Schedule E, Line 4 $0.00 $0.00
7. Loans Made .................................................. Schedule H, Line 3 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS ............................... Add Lines 6 + 7 $0.00 $0.00
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 $0.00 $0.00

### Current Cash Statement

<table>
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12. Beginning Cash Balance ................................ Previous Summary Page, Line 16 $0.00 $0.00
13. Cash Receipts ............................................. Column A, Line 3 above $0.00 $0.00
14. Miscellaneous Increases to Cash .................... Schedule I, Line 4 $0.00 $0.00
15. Cash Payments ............................................ Column A, Line 8 above $0.00 $0.00
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $0.00 $0.00

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

17. LOAN GUARANTEES RECEIVED ......................... Schedule B, Part 2 $0.00 $0.00

### Cash Equivalents and Outstanding Debts

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18. Cash Equivalents ........................................ See instructions on reverse $0.00 $0.00
19. Outstanding Debts ........................................ Add Line 2 + Line 9 in Column B above $0.00 $0.00

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

- Contributions Received $___________ $___________
- Expenditures Made $___________ $___________

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made*<br>**Date of Election**<br>**Total to Date**
  - _______ / _______ / _______ $___________
  - _______ / _______ / _______ $___________

*Amounts in this section may be different from amounts reported in Column B.