**Recipient Committee
Campaign Statement
Cover Page**

**Statement covers period**

from ________

through ________

**Date of election if applicable:**

(Month, Day, Year)

11/08/16

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**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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:**

- [x] Pre-election Statement
- [ ] Quarterly Statement
- [ ] Semi-annual Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain below)

**3. Committee Information**

- **I.D. NUMBER** 1387892

**Committee Name (or Candidate's Name if no Committee):**

Ed Bottorff for Capitola City Council 2016

**Street Address (No P.O. Box):**

106 Sacramento Ave

**City:** Capitola

**State:** CA

**Zip Code:** 95010

**Area Code/Phone:** 831-247-8111

**Mailing Address (if different) No. and Street or P.O. Box:**

PO Box 1361

**City:** Capitola

**State:** CA

**Zip Code:** 95010

**Area Code/Phone:** 831-247-8111

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**Treasurer(s):**

**Name of Treasurer:** Troy S. Welch Jr.

**Mailing Address:**

410 Escalona Drive

**City:** Capitola

**State:** CA

**Zip Code:** 95010

**Area Code/Phone:** 831-332-1661

**Name of Assistant Treasurer, If Any:**

Edward Bottorff

**Mailing Address:**

PO Box 1361

**City:** Capitola

**State:** CA

**Zip Code:** 95010

**Area Code/Phone:** 831-247-8111

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**Optional: Fax/E-mail Address:**

ebottorff167@yahoo.com

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**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:** 10/27/2016

**Date:**

**By:**

**Signature of Treasurer or Assistant Treasurer**

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**Executed on:** 10/27/2016

**Date:**

**By:**

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

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**Executed on:**

**Date:**

**By:**

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

---

**Executed on:**

**Date:**

**By:**

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

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**FPPC Form 460 (Jan/2016)**

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Recipient Committee
Campaign Statement
Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Edward Bottorff

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
106 Sacramento Ave Capitola CA 95010

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.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT

OPPOSE

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

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

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?

YES 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?

YES NO

Committee Address

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PARTIAL CASH CONTRIBUTIONS</strong></td>
<td>$0</td>
<td>$9113.64</td>
</tr>
<tr>
<td><strong>TOTAL CONTRIBUTIONS RECEIVED</strong></td>
<td>$0</td>
<td>$9113.64</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PARTIAL CASH PAYMENTS</strong></td>
<td>$0</td>
<td>$2217.18</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td>$0</td>
<td>$2217.18</td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td>$6836.46</td>
<td></td>
</tr>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td>$6836.46</td>
<td></td>
</tr>
</tbody>
</table>

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH EQUIVALENTS</strong></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>OUTSTANDING DEBTS</strong></td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CUMULATIVE EXPENDITURES MADE</strong></td>
<td></td>
<td>$2217.18</td>
</tr>
</tbody>
</table>

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).