Recipient Committee Image:	Statement of				Г	Date Stamp		
	Recipient Co	mmittee						
	Statement Type							
Committee Information MARE or committee Information MARE or committee Information MARE or committee Information MARE or committee Information MARE or committee Information State Address (No Ro. 800) State Addres (No Ro. 800)		s.	#	#				ι
		, ,	, ,					
		Date qualified as commi		e Date of	Termination			
Ed Bottorff for City Council 2016 MARE of TREASURER STREET ADDRESS IN 0 P.0. BOX 106 Sacramento Ave. OTY STATE 20° CODE AREA CODE/PHONE Capitola CA 95010 (831)247-8111 MARE of PRESSURE NO P.0. BOX OTY STATE 20° CODE AREA CODE/PHONE Capitola CA 95010 (831)247-8111 MARE of PRESSURE NO P.0. BOX ODE X 1361 Capitola CA 95010 STATE STATE STATE STATE STATE DOE AREA CODE/PHONE County of positicité STATE STAT		nformation			2. Treasurer and Oth	er Principal Officer		
STREET ADDRESS (NO P.D. 800) TATE ADDRESS (NO P.D. 800) 106 Sacramento Ave. STREET ADDRESS (NO P.D. 800) Citr STREET ADDRESS (NO P.D. 800) Capitola CA 95010 (831)247-8111 PO Box 1381 Capitola CA 95010 (831)247-8111 PO Box 1381 Capitola CA 95010 (831)247-8111 Country or pomole JARRENCIDE (Phone Control Notes) ebottorff157@yahoo.com Street Address (No P.D. 800) Country or pomole JARRENCIDE (Phone Control Notes) Santa Cruz JARRENCIDE (Phone Control Notes) Attach additional information on appropriately labeled continuation sheets. Street Address (No P.D. 800) Country or pomole Capitola CA 95010 (831)247-8111 The country of pomole JARRENCIDE (Phone Control Notes) Street Address (No P.D. 800) Santa Cruz Darge of the state of California that the foregoing is true and correct. Street Address (No P.D. 800) Contr Street Address (No P.D. 800) Street Address (No P.D. 800) 106 Sacramento Ave Capitola CA 95010 (831)247-8111 Chaptical CA 95010 (831)247-8111 Street Address (No P.D. 800) 106 Sacramento Ave Capitola CA 95010 (831)247-8111		City Courseil 2016			NAME OF TREASURER			
STREET ADDRESS (IND P.D. BOX) STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE MALLING ADDRESS (IF DIFFERENT) PO BOX 1381 Capitola CA PO BOX 1381 Capitola CA 95010 106 Sacramento Ave COUNTY OF DOMICLE JURISDICTION WHERE COMMITTEELS ACTIVE Capitola Capitola Ca 95010 (831)247-8111 NAME OF ASSISTANT TREASURES, IND P.D. BOXI Capitola Capitola Capitola Capitola Capitola Capitola Ca 95010 (831)247-8111 NAME of ASSISTANT TREASURES, IND P.D. BOXI Capitola Capitola Capitola Capitola Capitola Capitola Capitola Capitola CA 95010 (831)247-8111 NAME of ASSISTANT TREASURES, IND P.D. BOXICITION WHERE COMMITTEELS ACTIVE Capitola CA 95010		City Council 2016						
STATE 74008258 (No 30.0 dot) INVERT 4008258 (No 30.0 dot) INVERT 4008258 (No 30.0 dot) Capitola CA 95010 CA 95010 CA 95010 MARE 4008258 (No 30.0 dot) COUNT OF DOMICLE Capitola CA 95010 (831)247-8111 NAME 0 PRINCIPAL OFFICER(S) Santa Cruz Capitola CAPITOLOGE Attach additional information on appropriately labeled continuation sheets. Capitola CAPITOLICA Attach additional								
106 Sacramento Ave. Date	STREET ADDRESS (NO P.	0. BOX)				VG)		к.
Capitola CA 95010 (831)247-8111 MALE OR ASSISTANT TREASURES, IF DIFFERENT! PO Box 1361 Capitola CA 95010 (831)247-8111 PO Box 1361 Capitola CA 95010 INAL OR ASSISTANT TREASURE, IF ANY PO Box 1361 Capitola CA 95010 INAL OR ASSISTANT TREASURE, IF ANY PO Box 1361 Capitola CA 95010 INAL OR ASSISTANT TREASURE, IF ANY PO MALE OR ASSISTANT TREASURE, IF ANY Edward A. Bottorff Court of poincicle Capitola Court of poincicle Capitola Court of poincicle Capitola Capitola Edward A. Bottorff State additional information on appropriately labeled continuation sheets. Edward A. Bottorff State additional information on appropriately labeled continuation sheets. State additional cA 95010 Attach additional information on appropriately labeled continuation sheets. Capitola Capitola CA 95010 (831)247-8111 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/27/2016 By Date By Signature of controllung of precentre Canst	106 Sacramer	nto Ave.			Canitala	SIAIE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT) DO CONTO COUNTY OF CONTOCLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT MAILING ADDRESS (IF DIFFERENT) PO Box 1361 Capitola CA 95010 AREA CODE/PHONE PO Box 1361 Capitola CA 95010 FAX / E-MAIL ADDRESS (NO P.O. BOX) 106 Sacramento Ave ebottorff 167@yahoo.com Capitola Ca 95010 (831)247-8111 County obmicLe AREA CODE/PHONE Capitola Ca 95010 (831)247-8111 MALLING Additional information on appropriately labeled continuation sheets. Edward A. Bottorff State accode/PHONE 3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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. State of California that the foregoing is true and correct. Executed on 07/27/2016 By Stienature of controlling officiend of		STATE	ZIP CODE AREA CO	ODE/PHONE	NAME OF ASSISTANT TREASURER, IF	ANY	20010	831)332-1661
MALING ADDRESS (IF DIFFERENT) STREET ADDRESS (IN DR.0. BOX) PO Box 1361 Capitola CA 95010 STREET ADDRESS ebottorff167@yahoo.com Ca 95010 county of pomicile JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Cruz JURISDICTION WHERE COMMITTEE IS ACTIVE Capitola Ca 95010 Attach additional information on appropriately labeled continuation sheets. Edward A. Bottorff STREET ADDRESS (IN 0 PO. BOX) STATE Of Price additional information on appropriately labeled continuation sheets. Capitola Capitola CA 95010 Bay Emails (Information on appropriately labeled continuation sheets. Capitola City STATE ZIP code City STATE ZIP code AREA code/PHONE City STATE ZIP code AREA code/PHONE City State Capitola CA 95010 (831)247-8111 Inhave used all reasonable diligence in preparing this statement and to the best of my knowledge the informatio			95010 (831)2	247-8111	Edward A. Bottorf	ff		
FAX / EMAIL ADDRESS STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT					STREET ADDRESS (NO P.O. BOX)			
ebottorff167@yahoo.com STATE ZIP CODE AREA CODE/PHONE COUNTY OF DOMICILE IJURISDICTION WHERE COMMITTEE IS ACTIVE Capitola Ca 95010 (831)247-8111 NAME OF PRINCIPAL OFFICER(S) Edward A. Bottorff State and ditional information on appropriately labeled continuation sheets. 106 Sacramento Ave CITY STATE ZIP CODE AREA CODE/PHONE 3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/27/2016 By Signature of contractling officeholder, candidate, or state measure proponent Executed on DATE By Signature of contractling officeholder, candidate, or state measure proponent Signature of contractling officeholder, candidate, or state measure proponent Signature of contractling officeholder, candidate, or state measure proponent		Capitola CA 9501	0		106 Sacramento /	Ave		
COUNTY OF DOMICILE Santa Cruz DURISDICTION WHERE COMMITTEE IS ACTIVE DURISDICTION WHERE COMMITTEE IS ACTIVE OF CONTROLLING OFFICEHOLOGER, CANDIDATE, OR STATE MEASURE PROPONENT DURISDICTION WHERE COMMITTEE IS ACTIVE OF CONTROLLING OFFICEHOLOGER, CANDIDATE, OR STATE MEASURE PROPONENT SUGMATURE OF CONTROLLING OFFICEHOLOGER, CANDIDATE, OR STATE MEASURE PROPONENT DATE SUGMATURE OF CONTROLLING OFFICEHOLOGER, CANDIDATE, OR STATE MEASURE PROPONENT SUGMATURE OF CONTROLLING OFFICEHOLOGER, CANDIDATE, OR STATE MEASURE PROPO		vahoo com				STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz Capitola Edward A. Bottorff Attach additional information on appropriately labeled continuation sheets. 106 Sacramento Ave CITY STATE ZIP CODE AREA CODE/PHONE Capitola CA 95010 (831)247-8111 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/27/2016 By SignATURE of CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURER Executed on 07/27/2016 By SignATURE of CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURER PROPONENT Executed on DATE By SignATURE of CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SignATURE of CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	COUNTY OF DOMICILE	-				Са	95010	(831)247-8111
Attach additional information on appropriately labeled continuation sheets. Image: Capitola STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Capitola CA 95010 (831)247-8111 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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. Signature of California that the foregoing is true and correct. Executed on 07/27/2016 By Signature of controlling of picenol Der, candidate, or state Measure PROPONENT Executed on DATE By Signature of controlling of picenol Der, candidate, or state Measure PROPONENT Executed on DATE By Signature of controlling of picenol Der, candidate, or state Measure PROPONENT Executed on DATE By Signature of controlling of picenol Der, candidate, or state Measure PROPONENT	Santa Cruz							
Attach additional information on appropriately labeled continuation sheets. <u>106 Sacramento Ave</u> Capitola Capitola CA <u>95010 (831)247-8111 </u>						T		
Attach additional information on appropriately labeled continuation sheets. CTV STATE ZIP CODE AREA CODE/PHONE 3. Verification CA 95010 (831)247-8111 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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. I certify under Executed on 07/27/2016 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT						Ave		
Capitola CA 95010 (831)247-8111 3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/27/2016 By	Attach additional	information on appropri	ately labeled continuation sh	heets		Chargery Street Theorem and the support of the Court of the Street Street Street Street Street Street Street St	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 07/27/2016 DATE By Executed on 07/27/2016 DATE By Executed on 07/27/2016 DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT					Capitola	CA	95010	(831)247-8111
Executed on $O7/27/2016$ By Signature of the state of california that the foregoing is true and correct. Executed on $O7/27/2016$ By Signature of the assistant treasure of assistant treasure of assistant treasure of the state of california that the foregoing is true and correct. Executed on $O7/27/2016$ By Signature of controlling officeHolder, candidate, or state measure proponent Executed on Date By Signature of controlling officeHolder, candidate, or state measure proponent						A CONTRACTOR OF THE OWNER OF THE OWNER		
Executed on $O7/27/2016$ By Signature of the state of california that the foregoing is true and correct. Executed on $O7/27/2016$ By Signature of the assistant treasure of assistant treasure of assistant treasure of the state of california that the foregoing is true and correct. Executed on $O7/27/2016$ By Signature of controlling officeHolder, candidate, or state measure proponent Executed on Date By Signature of controlling officeHolder, candidate, or state measure proponent	I have used all r	easonable diligence in pr	reparing this statement and t	to the best of my	knowledge the informatio	on contained herein is tr	ue and compl	ete. I certify under
Date By Signature of treasurer or assistant treasurer Executed on Date By Signature of controlling officeholder, candidate, or state measure proponent Executed on Date By Signature of controlling officeholder, candidate, or state measure proponent Executed on Date By Signature of controlling officeholder, candidate, or state measure proponent	07	if y and er the laws of the	State of California that the f	oregoing is true.	and correct.			
Executed on By	Executed on 07	P.	- ingl	S Wer	w Q.r			
Executed on By By	Executed on 07	D	- Caro	CRAT	71			
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	Executed on	D		I URE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		
For each 1	, ve grouweget (* 17) 7 00	DATE	SIGNAT	TURE OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		
	Executed on	DATE By	У					

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Ed Bottorff for City Council 2016

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

. NUMBER

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
Union Bank	(831)464-6622	0073986804		
ADDRESS	CITY	STATE ZIP CODE		
601 Bay Ave.	Capitola	CA 95010		
4. Type of Committee Complete the applicable sections.				

Controlled Committee

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

• List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."

• If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Edward A. Bottorff	Capitola City Council	2016	Nonpartisan
			Nonpartisan

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK	ONE
	×	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organizat	ion	
Recipient Committee	CALIFORNIA FORM 410	
INSTRUCTIONS ON REVERSE	Page 3	
Ed Bottorff for City Cour	ncil 2016	I.D. NUMBER
4. Type of Committee	(Continued)	
General Purpose Committee	Not formed to support or oppose specific candidates or measures in a single election. Check	only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY		
Sponsored Committee	additional sponsors on an attachment.	
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STRE	EET CITY STATE	ZIP CODE
Small Contributor Committee	Date qualified	
5. Termination Requiremen	By signing the verification, the treasurer, assistant treasurer and/or applicate official states of	
	By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certil to receive contributions and make expenditures;	y that all of the following conditions have been met:
	nticipate receiving contributions or making expenditures in the future;	
	ated or has no intention or ability to discharge all debts, loans received, and other obligations;	
 This committee has no surplus 		
	l campaign statements required by the Political Reform Act disclosing all reportable transactions	
There are restrictions or Code Section 89519.	n the disposition of surplus campaign funds held by elected officers who are leaving office and b	· y defeated candidates. Refer to Government
 Leftover funds of ballot subject to Elections Cod 	measure committees may be used for political, legislative or governmental purposes under Gove e Section 18680 and FPPC Regulation 18521.5.	ernment Code Sections 89511 - 89518, and are