Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from September 22, 2016
through September 24, 2016

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

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:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
   - [ ] Special Odd-Year Report

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
     Sam Storey for Capitola Council 2016
   - STREET ADDRESS (NO P.O. BOX)
     705 Escalona Drive
   - CITY
     Capitola
   - STATE
     CA
   - ZIP CODE
     95010
   - Mailing Address
     507 Riverview Drive
   - CITY
     Capitola
   - STATE
     CA
   - ZIP CODE
     95010
   - CITY
     Capitola
   - STATE
     CA
   - ZIP CODE
     95010
   - NAME OF ASSISTANT TREASURER, IF ANY
     Sam Storey
   - MAILING ADDRESS
     705 Escalona Drive
   - CITY
     Capitola
   - STATE
     CA
   - ZIP CODE
     95010
   - NAME OF TREASURER
     Susan Westman
   - Mailing Address
     507 Riverview Drive
   - CITY
     Capitola
   - STATE
     CA
   - ZIP CODE
     95010
   - Treauserer(s)
     NAME
     Susan Westman
     Mailing Address
     507 Riverview Drive
     Capitola, CA 95010
   - E-mail Address
     Samforcapitola@yahoo.com

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 7/29/2016

By

Executed on 7/29/2016

By

Executed on

By

Executed on

By

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www.fppc.ca.gov
6. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Sam Storey</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City of Capitola City Council</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Capitola, CA 95010</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>STREET ADDRESS (NO.P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>STREET ADDRESS (NO.P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Campaign Disclosure Statement**

**Summary Page**

Amounts may be rounded to whole dollars.

**Statement covers period**
from September 22, 2016
through September 24, 2016

**NAME OF FILER**
Sam Storey for Capitola Council 2016

### Contributions Received

| 1. Monetary Contributions | Schedule A, Line 3 | $1400 | $1400 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $1400 | $1400 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 50 | 50 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $1450 | $1450 |

### Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $50 | $50 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 5 + 7 | $50 | $50 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | $837.42 | $837.42 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $887.42 | $887.42 |

### Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $0 |
| 13. Cash Receipts | Column A, Line 3 above | $1400 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 50 |
| 15. Cash Payments | Column A, Line 8 above | 50 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $1400 |

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

### Cash Equivalents and Outstanding Debts

| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $0 |
| 18. Cash Equivalents | See instructions on reverse | $0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $837.42 |

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

1/1 through 6/30 7/1 to Date

| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

**Expenditure Limit Summary for State Candidates**

| 22. Cumulative Expenditures Made* | Date of Election (mm/dd/yy) | Total to Date |
| | | $ |

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

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### Schedule A

**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/22/2016</td>
<td>Marilyn Waterman</td>
<td>IND</td>
<td>Appraiser</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/22/2016</td>
<td>G. R. Dick Arthur</td>
<td>IND COM</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/22/2016</td>
<td>Lynn Ann De Spelder</td>
<td>IND COM</td>
<td>Teacher</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/22/2016</td>
<td>Robert Ording</td>
<td>IND COM</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9/22/2016</td>
<td>Doreen Arthur</td>
<td>IND COM</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period — itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................. $ 1,900
2. Amount received this period — unitemized monetary contributions of less than $100  
   ............................................................... $ 180
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 2,080

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

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Schedule A
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR</th>
<th>PER ELECTION TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/22/2016</td>
<td>Ron Graves</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>Retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gayle Ortiz</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>Business Owner</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joseph Ortiz</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>Business Owner</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>9/23/2016</td>
<td>Linda Hanson</td>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td>Retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .......................................................... $ 1300
2. Amount received this period – unitemized monetary contributions of less than $100 ................................................ $ 100
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 1400

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*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

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### Schedule E
**Payments Made**

**NAME OF FILER**
Sam Storey for Capitola Council 2016

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- PGS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL l.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary of State</td>
<td>FIL</td>
<td>Filed for I.D. #</td>
<td>50.00</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 50.00
2. Unitemized payments made this period of under $100 .......................................................... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................................................... TOTAL $ 50.00

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