1	ALEXIS WILSON BRIGGS, SBN 251688 506 Broadway
2	San Francisco CA 94133 Telephone: 415/986-5591
3	Attorney for Defendant
4	CAMERON LAURENDEAU
5	
6	
7	IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
8	IN AND FOR THE COUNTY OF SANTA CRUZ
9	
10	PEOPLE OF THE STATE OF CALIFORNIA, NO. F22698
11	Plaintiff, EXHIBITS IN SUPPORT OF
12	MOTION TO RECUSE THE SANTA V. CRUZ COUNTY DISTRICT ATTORNEY'S OFFICE
13	CAMERON LAURENDEAU, Date: August 27, 2014
14	Time: 9:00 a.m. Defendant. Department: 6
15	/ Hon. Paul Burdick
16	Enclosed please find exhibits in support of the earlier
17	filed motion to recuse the Santa Cruz District Attorney
18	consisting of California Forms 460 relating to campaign loans
19	from Wells Fargo to District Attorney Bob Lee as described in
20	the motion.
21	Dated: June 24, 2014 Respectfully submitted,
22	
23	ALEXIS WILSON BRIGGS
24	ALEXIS WILSON BRIGGS Attorney for Defendant CAMERON LAURENDEAU
25	CAMERON DAURENDEAU
26	
27	

LAW OFFICES

506 BROADWAY 28 SAN FRANCISCO (415) 986-5591 Fax: (415) 421-1331

Declaration of Counsel

2 | I, ALEXIS WILSON BRIGGS, declare:

I am an attorney licensed to practice in the State of California and I am attorney of record for defendant herein. I have investigated the facts and statements set forth in this case and in the present motion.

I declare under penalty of perjury that the foregoing is true and correct, except as to matters therein stated on information and belief, and as to those matters, I believe them to be true. Executed on June 24, 2014, at San Francisco, California.

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ALEXIS WILSON BRIGGS

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LAW OFFICES 506 BROADWAY 28 SAN FRANCISCO (415) 986-5591 Fax: (415) 421-1331

ALEXIS

WILSON BRIGGS

AW OFFICES
506 BROADWAY

SAN FRANCISCO

(415) 986-5591 Fax: (415) 421-1331

				COVER PAGE
Recipiont Committee Campaign Statement Cover Page	Type or print b		Date Stamp FILED CRUZ CO. ELECTIONS	CALIFORNIA 460
(Government Code Sections 84200-84218.5)	Statement covers period from 01/01/2010	Date of election if applicable: (Month, Day, Year)	IR 22 PM 4: 20	Page 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through03/17/2010	06/10/2010	800-002-02-02-02-02-02-02-02-02-02-02-02-	
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Recall (Non Compiles Part 5) General Purpose Committee Officeholder Part 5) Spansored Officeholder Part 5)	Primarily Formed Candidate/ Officeholder Committee (Sponsored futer Complete Perf 6) Primarily Formed Candidate/ Officeholder Committee (Asso Complete Perf 7)	2. Type of Statement: Presiection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below)	Speci	erry Statement al Odd-Year Report lements! Prestaction ment - Attach Form 495
3. Committee Information COMMITTEE NAME FOR CANDIDATE'S NAME IF NO COMMITTEE NAME FOR CANDIDATE'S NAME IF NO COMMITTEE NAME IF NO COMMI		Treasurer(s) NAME OF TREASURER MAURA MATERA MALING ADDRESS		
STREET ANNESS IND P.O. BOX) CITY SIAIL	ZIP CODE AREA CODE/PHONE	CITY CAPITOLA NAME OF ASSISTANT TREASURE	STATE ZIP CO CA 95010 R, IF ANY	
	95010 (831)464-0188 P.O. BDX	MAILING ADDRESS		
CITY STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	58	
4. Verification I have used all reasonable diligence in preparing and resunder pensity of perjury under the laws of the State of Conference of Conference of the State of Conference of the State of Conference of C	allfornia that the foregoing is true and correct. By	Pagadity of Volume of Austrian Tre	seasurer meni or Responsible Orlicer of Spansor le Messure Proponent	es is true and complete. I certify FPPC Form 460 (Jenuary/05) ipline: 485/ASK-FPPC (988/275-3772) State of California

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
BOB LEE							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1	Ī	SUPPORT
SANTA CRUZ COUNTY DISTRICT ATTORNE	Y					I	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP						
SANTA	CRUZ CA 95060		Identify the controlling office			into moasuro	proponent, if any.
			NAME OF OFFICEHOLDER, CANC	NDATE, OR PRO	PONENT		
Related Committees Not Included in this St	tement: List any committees						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your cal	or are primarily formed to receive utilidacy.		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	LD. NUMBER			· · · · · · · · · · · · · · · · · · ·		·	
RE-ELECT BOB LEE FOR DIST. ATT. 2010	1324233	•	Primarily Formed Cand	ldete/Office	haldan Ca	Ittaa	
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)				
MAURA MATERA	Ø YES □ NO		NAME OF OFFICEHOLDER OR CA	MODATE	OFFICE COL	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	DX)		NAME OF OFFICEROLISER OR CA	INEREATE	OLLINE SON	OFFI ON FIELD	SUPPORT OPPOSE
UIII Simile ZIP C			NAME OF OFFICEHOLDER OR CA	INDIDATE	OFFICE SOU	GHT OR HELD	D cuppopy
CAPITOLA CA 950	10 (831) 464-0188 TLD. NUMBER						SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR CA	MOIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NOIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.O. B	JA)		-				
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attack	r continuation	sheets if i	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded
to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 101/01/2010 | FORM | 101/01/2010 | Page | 3 | of | 7 | | 10. Number | 10. Number

RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN 2010 1324233 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD FROM ATTACHED SCHEDULES Running in Both the State Primary and General Elections 1,800.00 1,800.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 34,000.00 34,000.00 2. Loans Received Schedule B, Une 3 35,800.00 20. Contributions 35,800.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 Received 0 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 35,800.00 35,800.00 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ **Expenditures Made Expenditure Limit Summary for State** 2,879,70 2.879.70 6. Payments Made Candidates 7. Loans Made Schedule H, Line 3 0 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Unes 6+7 2,879.70 2.879.70 0 0 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election **Total to Date** 0 10. Nonmonetary Adjustment Schedule C, Line 3 0 (mm/dd/yy) 2,879.70 2,879.70 **Current Cash Statement** 0 12. Beginning Cash Balanca Previous Summary Page, Line 16 \$ To calculate Column B, add 35,800.00 amounts in Column A to the corresponding amounts Amounts in this section may be different from empunis 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 2,879.70 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 32,920.30 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 figures that should be subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed 0 for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (If **Cash Equivalents and Outstanding Debts** any). 0 18. Cash Equivalents..... See Instructions on reverse \$. 0 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above \$ FPPC Toll-Free Helpline: 868/ASK-FPPC (866/275-3772)

Schedule			e or print in ink, ts may be rounded						SCH ULE
Monetary	Contributions Received	to	Statement covers period from01/01/2010			FORM 460			
SEE INSTRUCTION	ONS ON REVERSE			through	03/1	7/2010	Page .	4 .	7_
NAME OF FILER							I.D. NU		et vo
RE-ELEC	T BOB LEE FOR DISTRICT ATTORNEY IN 2010						13242	:33	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE ALSO ENTER LD. NAME)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (P SEL-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED TO PERIOD	ніѕ	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	LECTION OATE QUIRED)
	(SEE ATTACHED SCHEDULE)	DIND COM DOTH PTY SCC							
		OND COM OTH PTY SCC							
		COM COM OTH PTY							
		DIND COM OTH PTY Sec							
		DIND COM OTH PTY SCC							
			SUBTOTAL			100			
Amount re- (include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			35,800.	_	IND-			
3. Total mone	ceived this period — uniternized monetary contributions stary contributions received this period.			35,800.0	<u>0</u>	PTY.	- Other (e.g., busine	ess entity)
(Add Lines	1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$			di-Free Helplins	FPPC	Form 460 (C-FPPC (86	January/05) 8/275-3772)

OMMITTEE TO RE-ELECT BOB LEE OR DISTRICT ATTORNEY 2010 Attachment to schedule A D 1324233

ATE	NAME, ADDRESS & ZIP	CONTRIB. CODE	OCCUPATION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR YTD	ELECTION TO DATE
2/17/2010	ROBERT CULBERTSON	IND	CO-OWNER AUTO DEALER	100	100	100
	WATSON. CA 95076	Til.	AOTO DEALER			
3/1/2010	JEFF ROSELL	IND	ASSIST, DISTRICT ATT.	400	400	400
	SCOTTS VALLEY,CA					
3/1/2010	LARRY HATTIS	DAI	REALTOR	150	150	150
	SOQUEL, CA 95073					
3/1/2010	KATHARINE MINOTT	IND	CO, PARKS COMM.	250	250	250
	APTOS,CA. 95003			400	400	400
3/11/2010	JANET KENNEDY		RET PROB. OFFICER			700
	SANTA CRUZ,CA,95073					
3/11/2010	GEORGE KENNEDY		RET DISTRICT ATTORNEY	400	400	400
	SANTA CRUZ,CA.95073					
3/11/2010	KEN/VIRGINIA SULLIVAN		RET. DEVCON CONSTR.	100	100	100
	SUQUEL,CA.950/3					

4		Type or print in	ink				SCH	EDULE B-(IRT1	
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement co	vers period 11/2010	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through 03	/17/2010	Page 5	of	
NAME OF FILER							LD. NUMBER		
RE-ELECT BOB LEE FOR DISTRICT A	TTORNEY IN 2010						1324233		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF COMMITTEE, ALSO ENTER LD. NUMBERS	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER MAKE OF BUSINESS;	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(N) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
WELLS FARGO BANK (ORIG, LEND.) To ind com coth pry csc	BOB AND BARBARA LEE (pers loan to campaign) SANTA CRUZ COUNTY	s0	s34,000	\$ (C) FORGIVEN	34,000	O SATE	34,000 2/9/2010 DATE INCURRED	CALENDAR YEAR 34,000 PER ELECTION** 34,000	
TO DE COM ONTO THE SEC		8	\$	FORGIVEN	DATE QUE	RATE	S	CALENDAR YEAR \$ PER ELECTION **	
TO IND COM COTH PTY SCC			1	PAID S FORGIVEN S	DATEQUE	RATE S.	S	CALENDAR YEAR 8 PER ELECTION** 5 STANDARD AND AND AND AND AND AND AND AND AND AN	
		SUBTOTALS \$			\$	\$	联营销		
Schedule B Summary						(Enter (e) on Schedute E, Line 3)	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
1. Loans received this period				e	34,000.00				
(Total Column (b) plus uniternized loans 2. Loans paid or forgiven this period	of less than \$100.)				0		Contributor Codes		
(Total Column (c) plus toans under \$100 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summary	paid or forgiven.) are also itemized on Sched 2 from Line 1.)	ule A.)		NET S	34,000.00	O	OM-Recipient Co (other than I TH - Other (e.g., TY-Political Party CC - Small Centrib	PTY or SCC) business entity)	
*Amounts forgiven or paid by another party also needs of the second of t	nust be reported on Schedule A.)			FPPC	Toti-Free Helpli	FPPC Form	460 (January/05) C (866/275-3772)	

Schedule E Payments Made	Type or prin Amounts may to whole o	be rounded	Statement covers period from 01/01/2010	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN	Page 6 of 7 LD. NUMBER 1324233					
CODES: If one of the following codes accurately descricted campaign paraphematia/misc. CNS campaign consultants contibution (explain nonmonetary)* CVC chic donations FIL candidate filing/ballot fees fundralsing events Independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MSR member con MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and a POS postage, del	nmunications Id appearances nses slating	RAD radio airtime and production RFD returned contributions SAL campaign workers' seleries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	uction costs meals and meals of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE of columnities, also exterilo, majoren		CODE OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID		
COMMUNITY PRINTERS		PRINTING OF	REMITTANCE ENVELOPES			

NAME AND ADDRESS OF PAYEE (FOOMSTTEE, ALSO SYSTEM LO. MUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
COMMUNITY PRINTERS	СМР	PRINTING OF REMITTANCE ENVELOPES	394.20
MAURA MATERA CPA		CAMPAIGN ACCOUNTING FILING OF 460 AND 410 FORMS	469.54
COUNTY CLERK	FIL	FILING FEES	2,353.50
Payments that are contributions or independent expenditures must el	so be summarized on 8	I. Chedule D. SUBTOTA	L\$ 3,217.24
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subt	otals.)	***************************************	3,317.24
2. Unitemized payments made this period of under \$100			32.00
3. Total interest paid this period on loans. (Enter amount from Sched			0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter he			

FPPC Ferro 460 (January/05) FPPC Toll-Free Helpline: 868/ASK-FPPC (868/276-3772)

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollare.			Staten	nant covers period 01/01/2010	SCHEDULE ECON GALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through_	03/17/2010	- Page	7 of 7	
RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN 2010	0					1.D. NUME 132423	7	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CMS campaign consultants CTB contribution (exptain nonmonetary)* civic donations candidate filing/ballot fees fundratsing events Modependent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MER member con MITG meetings an OFC office exper PET petition circu PHO phone banks POL polling and a POS postage, del	nmunication and appears uses ulating u	ns Ances	RAD radi RFD retu SAL cam TEL tv. TRC can TRS staff TSF tran. VOT vote	cribe the paymer of either and productions of contributions palgn workers' salaritor cable airtime and pridate travel, todging, is pouse travel, todging sier between committer registration mation technology commation technology commation.	en costs es reduction costs and meals g, and meals eas of the san	ne candidete/sponso	
NAME AND ADDRESS OF PAYER OF COMMITTEE ALSO EVIER LD. NAMERO		CODE	OR	DESCRIPTION OF I	WYMENT		AMOUNT PAID	

		WES Information technology costs (in	itemet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KEN AND VIRGINIA SULLIVAN	СТВ	RETURN OF CAMPAIGN CONTRIBUTION (running unopposed)	100.00
Payments that are contributions or independent expenditures must also be sur	mmarizad on Schedule D	O LINE	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (886/278-3772)

Recipient Committee Limpaign Statement Cover Page (Government Code Sections 84200-84216.5)	· Type or print it	n ink.	Date Stamp 1	NYA C, CAI	LIFORNIA 460 POD1/02 FISRM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 03/18/10 through 05/22/10	Date of election if applicable: (Month, Day, Year) (Month, Day, Year)		Page	For Official Use Only
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Saflot Measure Committee) Primarily Formed) Controlled) Sponsored Aso Camplete Part 8) Primarily Formed Cendidate/ Officeholder Committee Asso Complete Part 7)	Preetection Statement Semi-annual Statement Termination Statement Amendment (Explain below)		Supplementa	atement -Year Report al Preelection Attach Form 495
	D. NUMBER 1324233	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) RE-ELECT BOB LEE FOR DISTRICT ATTORNI	EY IN 2010	NAME OF TREASURER MAURA MATERA MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CAPITOLA	STATE CA	ZIP CODE 95010	AREA CODE/PHONE (831) 464 0188
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF	NY		(001) 101_0100
CAPITOLA CA 95010 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BI	(,	MAILING ADDRESS	-		
CITY STATE ZIP CO.	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	ng this statement and to the best of my f California that the foregoing is true of By Symmum of Cor. By Symmum of Cor. By By	y knowledge the information contained hereis and correct.	esponsible Officer at S e Proponent	Sponsor	FPPC Form 460 (June/01)
				FPPC Toll-F	ree Helpline: 886/ASK-FPPC State of California

-	COVER PAGE - PART 2	
	CALIFORNIA 460	
20	Page of7	

Officeholder or Candidate Controlled Committee			Ballot Measure Comm	ittee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
BOB LEE							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
SANTA CRUZ COUNTY DISTRICT AT	TORNEY					0	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP						
SANT	"A CRUZ CA 95060		Identify the controlling of	liceholder, car	rdidate, or s	tate measure p	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in ti	ris Statement: List and committees						
not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD	***************************************		DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
RE-ELECT BOB LEE FOR DIST. ATT.							
	1324233	7.	Primarily Formed Con	mittee //er	names of offic	-ahaldadel av a	andidatele) for
NAME OF TREASURER	CONTROLLED COMMITTEE?	•••	which this committee is prim	arily formed.	nanes or om	enonnalist or c	ancoate(s) for
MAURA MATERA	MES NO				7		
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
CAPITOLA CA	95010 (831) 464-0188						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)				<u> </u>		<u> </u>
CITY STATE	ZIP CODE AREA CODE/PHONE						
SIA SIAIL	ZIP CODE AREA CODE/PHONE		Attac	ch continuatio	n sheets if i	recessary	

FPPC Form 460 (June/01) FPPC Toti-Free Helpline: 888/ASK-FPPC State of Celifornia

frampaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period 03/18/10	CALIFORNIA 460
through05/22/10	Page 3 of 7
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN 2010					on reasons in the	1324233
Contributions Received		COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions	\$	0	\$	1,800.00	General Elections	
2. Loans Received Schedule 8, Line 3		-32,000.00		34,000.00	1/1 8	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	-32,000.00	\$	35,800.00	20. Contributions Received S	s
4. Nonmonetary Contributions Schedule C, Line 3		0		0	24 Evennelityman	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	-32,000.00	\$	35,800.00	Mede \$	\$
Expenditures Made		_			Expenditure Limit	Summary for State
. Payments Made Schedule E. Line 4	\$		\$	3,249.24	Candidates	
Loans Made Schedule H, Line 3		0		0	22. Cumulativ	e Expenditures Made*
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0	\$	3,249.24		Voluntary Expenditure Limit)
. Accrued Expenses (Unpaid Bills)				0	Date of Election	Total to Date
O. Nonmonetary Adjustment				0	(mm/dd/yy)	
1. TOTAL EXPENDITURES MADE	\$		\$	3,249.24		_ \$
Surrent Cash Statement	100,000		Γ			_ \$
2. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B. add	, ,	•
3. Cash Receipts Column A, Line 3 above		-32,000.00		ounts in Column A to the responding amounts		_ \$
4. Miscellaneous Increases to Cash Schedule I, Line 4		0	fro	n Column B of your last		- \$
5. Cash Payments		0	Col	ort. Some amounts in umn A may be negative		ė
3. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	450.76		res that should be tracted from previous		_ \$
If this is a termination statement, Line 16 must be zero.			per	lod amounts. If this is first report being filed		\$
7. LOAN GUARANTEES RECEIVED Schedule B, Parl 2	\$	0	for	this calendar year, only by over the amounts		Amounts in this section may be
ash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if	different from amounts re	ported in Column B.
B. Cash Equivalents See instructions on reverse	S	0	911)	77.	1	
9. Outstanding Debts Add Line 2 + Line 9 in Column 8 above	\$	0			FPPC To	FPPC Form 480 (June/ II-Free Helpline: 866/ASK-FP

Schedule A Monetary Contributions Received		Amount	or print in ink. is may be rounded whole dollars.	Statement	Statement covers period			CALIFORNIA 460			
				from	03/18/10	F	ORM	40	U		
	ONS ON REVERSE	through	05/22/10	Page	4	of7					
RE-ELECT	BOB LEE FOR DISTRICT ATTORNEY IN 2010				•	I.D. NU 13242					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	TC	ELECTION DATE EQUIRED)			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							-		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC									
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	V								
			SUBTOTALS	3							
. Amount reci (Include all 8	A Summary elived this period – contributions of \$100 or more. Schedule A subtotals.)				IND	ntributor Co Individua I - Recipie	ı	tee			
. Total moneta	eived this period – unitemized contributions of less that ary contributions received this period. I and 2. Enter here and on the Summary Page, Colum			0	~ PTY	– Other – Political	Party	Committee			

FPPC Form 460 (June/01)
FPPC Toli-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1	'	Type or print in	ink.				SCHE	DULEB-PART
Loans Received	Ame	ounts may be no to whole dolls			Statement co	overs period 3/18/10	CALIFORN	^{IA} 460
		from	3/16/10	FORM 400				
SEE INSTRUCTIONS ON REVERSE					through	15/22/10	Page 5	of
NAME OF FILER						West His Committee of the Committee of t	I.D. NUMBER	
RE-ELECT BOB LEE FOR DISTRICT A	ATTORNEY IN 2010						1324233	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	DAID THE	(I) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
WELLS FARGO BANK (ORIG. LEND.) NEWARK, NEW JERSEY 07101 LOAN NO#	BOB AND BARBARA LEE (PERS LOAN TO CAMPAIGN)			€ PAID • 32,000.0 □ FORGIVEN		O %	s <u>34,000.00</u>	CALENDAR YEAR 2000.00 PER ELECTION*
TO IND COM OTH PTY SCC	SANTA CRUZ COUNTY	34,000.00	s0	s	DATE DUE	. \$	2/9/2010 DATE INCURRED	s
				PAID 3		RATE %	3	CALENDAR YEAR S PER ELECTION **
TO IND COM OTH PTY SCC		•	1	3	DATE DUE	1	DATE INCURRED	\$
				\$ \$ FORGIVEN	-	RATE		S PER ELECTION
TO IND COM OTH PTY SCC		3	s	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	\$		\$	\$		
Schedule B Summary						(Enter (e) on Schodule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans		********************************	************	\$	0	-	"Amounts for another party	given or paid by also must be
 Loans paid or forgiven this period	paid or forgiven.)			\$	32,000.00	-	reported on 8	Schedule A.
Net change this period. (Subtract Line : Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	****************	****************	NET \$	-32,000.00 May be a negative number)	-		

OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC)

Schedule E Paymen ts Made	Type or pri Amounts may to whole	be rounded	Statement covers period from 03/18/10	california 460
SEE INSTRUCTIONS ON REVERSE			through05/22/10	Page6of7
NAME OF FILER				LD. NUMBER
RE-ELECT BOB LEE FOR DISTRICT ATTO	PRNEY IN 2010			1324233
CODES: If one of the following codes accurate CMP campaign paraphemalia/misc. campaign consultants CTB contribution (expolain nonmonetary)* civic donations candidate filling/ballot fees FIL contribution (experiment) EXD independent expenditure supporting/opposing others LEG tegal defense LEG campaign literature and mailings	MER member cor MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and (explain)* POS postage, de	nmunications nd appearances nses ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prot TRC candidate travel, lodging, an TRS staff/spouse travel, lodging.	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAY, (FCOMMITTEE ALSO ENTER LD. MIMB	EE EEnj	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent exp	sprelituras must also ha summ	arized on Schodule D	•	BTOTALS

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

			Barrier IV.			SCHEDUL		
িhedûle F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be roun to whole dollars.		Statement coverage of the statement coverage	ers period 18/10	CALIFORNI FORM	^{IA} 460		
SEE INSTRUCTIONS ON REVERSE			through 05/	22/10	Page 7	_ of		
NAME OF FILER RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN 20	10				I.D. NUMBER 1324233			
CODES: If one of the following codes accurately described. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain normanetary)* CVC divit donations FIL candidate filing/ballot fees fundratising events ND independent expenditure supporting/apposing others (explain)* LEG legal defense LIT campaign filerature and mailings	MBR member communication meetings and appears office expenses PET petition circulating PHO phone banks POL polling and survey response postage, delivery and PRO professional services print ads	ans ances search messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr TSF transfer betwee VOT voter registrati	nd production con ibutions kers' salaries rtime and product al, lodging, and m avel, lodging, and en committees o	t costs duction costs and meals and meals as of the same candidate/spo			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT C	D BALA	(d) UTSTANDING ANCE AT CLOSE THIS PERIOD			
					_			
Payments that are contributions or independent expenditures must also be								
summarized on Schedule D.	SUBTOTALS	\$			\$			
Schedule F Summary								
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) su accrued expenses under :	btotals for \$100.)	INCU	RRED TOTAL	_S \$	0		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	dule F, Column (c) subto payments on accrued exp	lais for payments on enses under \$100.)	*************************************	.PAID TOTAL	.S \$	0		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

0

4				COVERPAGE
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in		Date Stamp FILED CRUZ CO. ELECTION	CALIFORNIA 2001/02 FORM
EEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if epplicable: (Month, Day, Year) (06/19/2010	AY 24 PH 3: 24	1 mm 1 mm 7
State Candidate Election Committee Recall (Also Complete Par 5) General Purpose Committee Sponsored Small Contributor Committee	npiete Parts 1, 2, 3, and 4. Allot Measure Committee Primarily Formed Controlled Sponsored Spon	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	E AREA CODE/PHONE (831)464-0188	Treasurer(s) NAME OF TREASURER MAURA MATERA MALING ADDRESS 4401 CAPITOLA ROAD CITY CAPITOLA NAME OF ASSISTANT TREASUR MAILING ADDRESS	STATE ZII CA 95	P CODE AREA CODE/PHONE 5010 (831) 464_0188
OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE		P CODE AREA CODE/PHONE
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of the Executed on	BySegnature of Cord	knowledge the information contained nd correct. Signature of Pressurer or Assistant Treating Omganology, Canadalal, State Measure Property Office of Controlling Othochaider, Canadalala, State Measure Property Office of Controlling Othochaider, Canadalala, State Othochaider, Canadala, State Othochaider, Canadalala, State Othochaider, Canadalala, State Othochaider, Canadalala, State Othochaider, Canadalala, State Othochaider, Canadala, State Othochaider, Canadala, State O	reasurer orvent of Reapons-bits Officer of Spors	Marray de de la compansa de la comp

Signature of Controlling Officeholder, Cendulate, State Monsure Proponent

FPPC Form 480 (June#01)
FPPC Toll-Free Heipline: 866/ASK-FPPC
State of California

Done



COVER	PAGE-PART2
CALIFORNIA FORM	460
Page 2	of7

nolder or Candidate Controlled Committee	6. Reliet Moreover C	Lags	2 of
OF OPPICEHOLDER OR CANDIDATE	Sanot measure Committee		A GARLEY
DEE LEE	NAME OF BALLOT MEASURE		
THE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
TA COLLEGE OF APPLICABLE)	BALLOT NO. OR LETTER HIPPIE		
TA CRUZ COUNTY DISTRICT ATTORNEY	JURIS	DICTION	
ENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			SUPPORT OPPOSE
SANTA CRUZ CA 95060			
ON02 CA 95060	Identify the controlling officeholder	Candidata	
allated Committees Not Included 2	NAME OF OFFICEHOLDER, CANDIDATE, O	, remainder, or state measur	e proponent,
ated Committees Not Included in this Statement: List any committees		M PROPONENT	
Included in this statement that are controlled by you or are primarily formed to receive a statement that are controlled by you or are primarily formed to receive the statement that are controlled by your candidacy.	OFFICE SOUGHT OR HELD		
MARAN I JEE INVINE	THE GOOGHT ON HELD	DISTRICT NO	
E-ELECT BOB LEE FOR DIST. ATT. 2010		J. C. C. C. P. C.	. IF ANY
1324233			
MINIOTO INCOMER	7. Primarily Formed Communication		
AAURA MATERA CONTROLLED COMMITTEE?	7. Primarily Formed Committee 1 which this committee is primarily formed	ist names of officeholder(s) or	Canalista.
MAURA MATERA CONTROLLED COMMITTEE?	7. Primarily Formed Committee 1 which this committee is primarily formed	ist names of officeholder(s) or i,	candidate(s) for
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CONTROLLED COMMITTEE? OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CAPITOLA CA 95010 (831) 464-0188 OMMITTEE NAME LO. NUMBER CONTROLLED COMMITTEE? OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPOR

FPPC Form 488 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Burnmary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA FORM 5/23/10 from _ 6/07/10 3 through _

SEE INSTRUCTIONS ON REVERSE					through	6/07/10	Page 3 of 7
RE-ELECT BOB LEE FOR DISTRICT ATTORNEY IN 2010							I.D. NUMBER 1324233
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDAR YO TOTAL TODA	EAR	Calendar Year Sum Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A. Line 3	s	0	s	1,80	00.00	General Elections	, and
2. Loans Received Schedule B, Line 3		0		34,00	00.00	1/1 #	wough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$	0	s	35,80	00.00	20. Contributions	
4. Nonmonetary Contributions Schedule C. Line 3		0			0	Received S 21. Expenditures	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$	0	\$	35,80	00.00	Made \$	\$
Expenditures Made	200					Exponsitive 4 to 10	
6. Payments Made Schedule E. Line 4	S	0	\$	3,24	9.24	Expenditure Limit S	iummary for State
7. Loans Made Schedule H. Line 3		0			0		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0	S	3,24	9.24	22. Cumulative	e Expenditures Made* Volumery Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3		0			0	Date of Election	
10. Nonmonetary Adjustment		0			0	(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$	0	\$.	3,24	9.24		- s
Current Cash Statement			Г			, ,	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	450.76	Too	alculate Colum	n D - dat		. \$
13. Cash Receipts Column A. Line 3 above		0	amo	ounts in Column	A to the		. \$
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		esponding amo Column B of y		, ,	•
15. Cash Payments Column A. Line 8 above		0	repo	ort. Some amou	ints in		. \$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15	\$	450.76	figur	ımn A may be n res that should	be		\$
if this is a termination statement, Line 16 must be zero.			perio	racted from pre od amounts. If	this is		s
17. LOAN GUARANTEES RECEIVED Schedule B, Parl 2	s	0	for ti	lirst report being his calendar ye	ar, only		
Cash Equivalents and Outstanding Debts			from	over the amor Lines 2, 7, and	unts 19 (if	different from amounts rept	mounts in this section may be orted in Column B.
18. Cash Equivalents See instructions on reverse	\$	0	any)				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.	0					FPPC Form 460 (June/01)
					- 3		Corm 480 (June/01)

Schedule A Mornetary Contributions Received		Amounts	or print in ink. ; may be rounded rhole dollars.	Statement cov	rers period 23/10	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through6	/07/10	Page	4 of 7	_
NAME OF FILER	BOB LEE FOR DISTRICT ATTORNEY IN 2010					I.D. NU 13242	Mark Town	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER 1.0. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						-
		□IND □COM □OTH □PTY □SCC					A TOTAL OF THE PARTY OF THE PAR	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	,					
		IND COM OTH PTY						
			SUBTOTAL \$					=
Amount red (include all	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.)				IND-I	(other th		
3. Total monei	tary contributions received this period, 1 and 2. Enter here and on the Summary Page. Column			n	PTY-	Political P	Party ntributor Committee	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

		Type or print in	int				SCH	EDULE B-PART
Schedule B - Part 1 Loans Received		ounts may be re to whole dolls	ounded		Statement covers period CALIFORNI from 5/23/10 FORM			
SEE INSTRUCTIONS ON REVERSE					through	5/07/10	Page 5	of 7
NAME OF FILER							I.D. NUMBER	
RE-ELECT BOB LEE FOR DISTRICT	ATTORNEY IN 2010						1324233	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER GFCOMMITTEE ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THE	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
WELLS FARGO BANK (ORIG. LEND.) NEWARK, NEW JERSEY 07101 LOAN NO# 0260620539 To Ind Com Oth Pty Scc	BOB AND BARBARA LEE (PERS LOAN TO CAMPAIGN) SANTA CRUZ COUNTY	s2000.00	s0	PAID S FORGIVEN S	2000.00	G % RATE %	\$ 34,000.00 2/9/2010 DATE INCURRED	CALENDAR YEAR \$ 2000.00 PER ELECTION
†☐IND ☐COM ☐OTH ☐PTY ☐SCC		s	\$	PAID S—————— PARGIVEN S———————————————————————————————————	DATEQUE	RAYE	\$DATE INCURRED	CALENDAR YEAR S PER ELECTION S
¹☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	PAID S FORGIVEN S	S DATE DUE	RATE \$	S DATE INCURRED	CALENDAR YEAR 8 PER ELECTION' \$
		SUBTOTALS \$	9		s	S		
Schedule B Summary						(Enter (e) on Schodule E, Line 3)	L	
1. Loans received this period	**************************************	****		e	0			
(Total Column (b) plus unitemized loans	less than \$100.)			······································			*Amounts forganother party	given or paid by also must be

" If required.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

(Total Column (c) plus loans under \$100 paid or forgiven.)

† Contributor Codes

IND-Individual

(Include loans paid by a third party that are also itemized on Schedule A.)

Net change this period. (Subtract Line 2 from Line 1.)

Enter the net here and on the Summary Page, Column A, Line 2.

NET \$

COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

										CHEJULEE
Schedule E Payments Made		Type or prin Amounts may i to whole d	se rounde	di		Statement covers period from 5/23/10				460
SEE INSTRUCTIONS ON REVERSE	Manager and Manager and Advanced				th	rough	6/07/10	Page	6 of	_7
NAME OF FILER			in an edge					I.D. NUM	BER	
RE-ELECT BOB LEE	FOR DISTRICT ATTORNEY IN 20)10						132423	3	45-14
CMP campaign paraphemalia/m CNS campaign consultants CTB contribution (explain norm CVC civic donations FIL candidate filing/battot fees fundraising events	onetary)* supporting/opposing others (explain)*	MBR member com MTG meetings an OFC office exper PET petition circu PHD phone banks polling and s POS postage, del	imunication d appearar ises lating survey rese ivery and r	s aces	RAI RFI SAI TEI TRX TRX	radio a returne campa t.v. or c candid staff/s; transfe voter r	e the payment. intime and production id contributions ign workers' salaries cable airlime and proo ate travel, lodging, an ouse travel, lodging, or between committeer egistration ation technology costs	duction costs d meals and meals s of the san	ne candid	ate/sponsor
i d	NAME AND ADDRESS OF PAYEE FCOMMITTEE, ALSO ENTER 1D NUMBER)		CODE	OR	DESCRIPTI	ON OF PAY	MENT		AMOL	INT PAID
* Payments that are contribut	lons or independent expenditures mu	st also be summs	rized on	Schedule D.			SUE	BTOTALS		
Schedule E Summary										

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Ji	edule F Lued Expenses (Unpaid Bills)	Type or print in it Amounts may be ro to whole dollars	Inded	Statement of	overs pariod	CALIFORNIA 46
THE COL	TRUCTIONS ON REVERSE DIF FILER SI ECT BOR I EE FOR DISTRICT				6/07/10	Page 7 of 7
	ES: If one of the following codes accurately description paraphemalia/misc.	ibes the payment, you m	ay enter the code. C	Otherwise, describe	the neumant	I.D. NUMBER 1324233
15888885	Campaign literature and mailings	MTG meetings and appea office expenses petition circutating phone banks polling and survey re postage, delivery and professional services print ads	search	RFD returned con SAL campaign w TEL t.v. or cable a TRC candidate tra TRS statilenesses	and production cost tributions orkers' salaries sirfime and productivel, lodging, and ma ravel, lodging, and ean committees of	ion costs eals meals the same candidate(see
	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE. ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	OHTSTANDAG
					(ALSO REPORT ON	E) BALANCE AT CLOSE OF THIS PERIOD
		=				
· Paye	ments that are contributions or independent expenditures must also be atized on Schedule D.	SUBTOTALS \$				
5ch 1. To 2. To 20	edule F Summary pal accrued expenses incurred this period. (Include all Scheder) particular properties of \$100 or more, plus total uniternized actual accrued expenses paid this period. (Include all Scheder) particular properties of \$100 or more, plus total uniternical.	nedule F, Column (b) subtr crued expenses under \$1 ule F, Column (c) subtotals	ากเ	\$	RED TOTALS \$	0
2 No	grued expenses paid this period. (Include all Schedi grued expenses of \$100 or more, plus total uniternized pay change this period. (Subtract Line 2 from Line 1. Enter the Summary Page, Column A, Line 9.)	yments on accrued expension the difference here and	ses under \$100.)	P.	AID TOTALS \$	0

FPPC Form 480 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print is	n trok.	Oate Stamp	CA	LIFORNIA 460
(0.000)	Statement covers period from 07/01/2010	Date of election if applicable: (Month, Day, Year)	11 JAH 31	AH 10: 49	e of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2010				
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Asso Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	himarily Formed Ballot Messure careribles) Controlled) Sponsored itso Complete Part 6) rimarily Formed Candidate/ ifficaholder Committee itso Complete Part 7)	Preelection Statement Semi-ennual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	☐ Supplement	alement -Year Report al Proelection Attach Form 495
	. NUMBER 324233	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) RE-ELECT BOB LEE FOR DISTRICT ATTORNI	EY 2010	MAURA MATERA MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CO	DE AREA CODE/PHONE	CAPITOLA NAME OF ASSISTANT TREASUR	CA RER. IF ANY	95010	(831) 464-0188
CAPITOLA CA 95010	(831) 464-0188				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. SI)X	MAILING ADDRESS			
GITY STATE ZIP CO	DE AREA CODE/PHONE	СПҮ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
L. Verification					
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the taws of the State of California	this statement and to the best of my kno that the foregoing is true and correct.	wedge the information contained her	oin and in the attache	d schedules is tru	e and complete. I certify
Executed on	Ву	Approximate of possible of Assistant	reasurer		
Executed on	BySignature of other	ntrolling Officesholder, Collectate, State Measure Proj	Orango: Responsible Officer	of Sporsor	
Executed on	Ву	Signature of Controlling Office hottler, Canadalain, St	sto Measure Proponent		
Executed on	Ву	Signature of Controlling Otherholder, Conditate, St			
				oji-Free Helpline: 6	FPPC Form 480 (January/05) 66/ASK-FPPC (868/275-3772) State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA	4.00
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Lada	0110

5. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
BOB LEE							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	I.	SUPPORT
SANTA CRUZ COUNTY DISTRICT ATTORNE	Υ						OPPOSE
	TY STATE ZIP			L	0		
SANTA	CRUZ CA 95060		identify the controlling offic	eholder, car	ndidate, or state	measure	proponent, if any.
-			NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT		
Related Committees Not included in this Sta	tement: List any committees						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		OR	STRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						· · · · · · · · · · · · · · · · · · ·
BOB LEE CAMPAIGN COMMITTEE	1241222						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Offic	eholder Com	mittee <i>u</i>	st names of
MAURA MATERA	Ø YES □ NO		officeholder(s) or candidate(s)		commutee is pri	imarily form	ed.
COMMITTEE ADDRESS (NO P.O. BO	x)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	MOYDATE	OFFICE SOUGHT	OPHED	
CAPITOLA CA 9501	0 (831) 464-0188				0.1 10.000011	ONTICLE	SUPPORT
COMMITTEE NAME	I.D. NUMBER						OPPOSE
BOB LEE RE-ELECTION COMMITTEE	1267522		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT	ORHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	UDIDATE	OFFICE SOUGHT	00000	
MAURA MATERA	YES NO		TWEET OF OFFICE FOLLOWS	NDIDATE	OFFICE GOOGHI	OK HELD	SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX	9						☐ OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		Addants	aandla wat-	n abautu M		
CAPITOLA CA 95010	(831) 464-0188		Attacn	vonunu a uo	n sheets if nace	ussary	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 888/ASK-FPPC (886/275-3772) State of Celifornia

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink, Amounts may be rounded to whole dollars.

		St	IMMARY PAGE
	covers period 7/01/2010	CALIFORNIA FORM	460
through	12/31/2010	Page 3	of7
		.LD. NUMBER	

FPPC Toll-Free Helpline: 868/ASK-FPPC (888/276-3772)

NAME OF FILER **BOB LEE RE-ELECTION COMMITTEE** 1324233 Column A Column B Calendar Year Summary for Candidates Contributions Received Running in Both the State Primary and **General Elections** 0 1,800 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 34,000 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines ! + 2 0 35,800 20. Contributions Received 0 4. Nonmonetary Contributions Schedule C. Line 3 0 21. Expenditures 0 35,800 **Expenditures Made** Expenditure Limit Summary for State 6. Payments Made Schedule E. Line 4 \$ 3,249.24 0 Candidates Loans Made Schedule H, Line 3 0 0 22. Cumulative Expenditures Made* 0 3,249,24 (If Subject to Valuntary Expenditure Limit) 0 0 **Date of Election** Total to Date 0 0 (mm/dd/yy) 0 3,249,24 **Current Cash Statement** 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ 381 To calculate Column B, add 0 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts from Column B of your last 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 *Amounts in this section may be different from amounts reported in Column B. 0 report. Some amounts in Column A may be negative figures that should be 381 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule 8, Parl 2 \$ 0 for this calendar year, only carry over the amount from Lines 2, 7, and 9 (# **Cash Equivalents and Outstanding Debts** any). 0 0 19. Outstanding Debts Add Line 2 + Line 9 in Column 8 above

Schedule Vlonetary	Monetary Contributions Received		or print in ink. s may be rounded whole dollars.	1	Statement covers period CALIFORNI) from 07/01/2010 FORM		
	DNS ON REVERSE			through 12	/31/2010	Page .	4 of 7
BOB LEE	RE-ELECTION COMMITTEE					I.D. NUI 13242	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE ALSO ENTER LD. MURREEN	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-DIPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVET CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	(SEE ATTACHED SCHEDULE)	IND COM OTH PTY SCC					
	·	IND COM OTH PTY SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		COM COM OTH PTY					
		COM COM OTH PTY					
			SUBTOTAL			100	
Amount rec (include all !	A Summary elived this period – itemized monetary contributions. Schedule A subtotals.)elived this period – unitemized monetary contributions				IND- COM OTH	(other th	nt Committee nan PTY or SCC) .g., business entity)
	ary contributions received this period. I and 2. Enter here and on the Summary Page, Colum	nn A, Line 1.)	TOTAL \$		scc	-Small Co	rany niributor Committee orm 460 (January) -FPPC (889/276-37)

)B LEE RE-ELECTION COMMITTEE ATEMENT PERIOD . NUMBER 1287622 PPLEMENT TO FORM 460, SCHEDULE B, PART 1 ANS RECEIVED

VAME AND ADDRESS OF LENDER	Type of Lender	INDIVIDUAL LENDER'S OCCUPATION AND EMPLOYER	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	CUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	INTEREST RATE	original Amount of Loan	CUMULATIVE CONTRIBUTIONS TO DAYE
8 LEE	INDIVIDUAL	DISTRICT ATTORNEY COUNTY OF SANTA CRUZ	100		-	100	-	NONE	100	100
NTA CRUZ, CA 95080 8 LEE	INDIVIDUAL	DISTRICT ATTORNEY COUNTY OF SANTA CRUZ	4,900		-	4,900		NONE	4,900	4,900
NTA CRUZ, CA 95060 B LEE	INDIVIDUAL	DISTRICT ATTORNEY COUNTY OF SANTA CRUZ	1,650	-		1,650		NONE	1,850	1,850
NTA CRUZ, CA 95060	3		6,650	-	•	6,650	-		6,650	6,650

Schedule B - Part 1		Type or print in ounts may be r		ſ	Chataman		SCH	EDULE B- PART 1
Loans Received	AIR	to whole dolla		1	Statement cor	rers period 1/2010	CALIFORN	^{HA} 460
				1	from		FORM	
SEE INSTRUCTIONS ON REVERSE			(A)		through12/	31/2010	Page 5	of
NAME OF FILER			eligin kera elikeken dibilir				LO. NUMBER	
BOB LEE RE-ELECTION COMMITTEE							.1324233	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO EMER LD. MUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, GYTER WAKE OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(d) AMOUNT PAIL OR FORGIVE THIS PERIOD	N CLOSE CE THIS	(4) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
WELLS FARGO BANK (ORIG LEND) NEWARK, NEW JERSEY 07101	BOB AND BARBARA LEE (PER LOAN TO CAMPAIGN) SANTA CRUZ COUNTY	2000	0	PAID PAID PORGIVEN	2000	O %	s_34,000	CALENDAR YEAR \$ 2000 PER BLECTION**
TO IND COM OTH PTY SCC		\$	3	s0	DATE DUE	\$	02/09/20 DATE INCURRED	s
		73		PAID				CALENDARYEAR
				PORGIVEN	*	HATE	\$	\$PER ELECTION **
TO NO COM COTH PTY SCC		5	\$	s	DATEQUE	s	DATE INCURRED	·
\$				☐ FAID				CALENDAR YEAR
				FORGIVEN	*	RATE	,*	PER BLECTION**
TO IND COM OTH PTY SCC			1	\$	DATE DUE	5	DATE INCURRED	£
		SUBTOTALS \$	\$	1.8888	\$			
Schedule B Summary				VIII	.,	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus uniternized loans	of less than \$100.)		******************	\$	0	C.		
Loans paid or forgiven this period								
 Net change this period. (Subtract Line Enter the net here and on the Summary 	2 from Line 1.) Page, Column A, Line 2.	****************	***************	NET \$	() Tay be a negative number)	S	Y - Political Party C - Small Contrib	utor Committee
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.						£500 s	100.4 harmon to
					FPPC 1	foll-Free Helplir	a: 866/ASK-PP	160 (January/05) C (866/275-3772)

SCHEDULE B-PART 1

OMMITTEE TO RE-ELECT BOB LEE OR DISTRICT ATTORNEY 2010 ttachment to schedule A 1 1324233

ATE	NAME, ADDRESS & ZIP	CONTRIB. CODE	OCCUPATION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR YTD	ELECTION TO DATE
2/17/2010	ROBERT CULBERTSON	IND	CO-OWNER AUTO DEALER	100	100	100
181	WATSON. CA 95076					
3/1/2010	JEFF ROSELL	IND	ASSIST, DISTRICT ATT.	400	400	400
	SCOTTS VALLEY,CA					
3/1/2010	LARRY HATTIS	IND _.	REALTOR	150) 150	150
	SOQUEL, CA 95073					
3/1/2010	KATHARINE MINOTT	IND	CO, PARKS COMM.	250	25	0 250
	APTOS,CA. 95003			400) 40	0 400
3/11/2010	JANET KENNEDY	IND	RET PROB. OFFICER			
	SANTA CRUZ,CA,95073					
3/11/2010	GEORGE KENNEDY	IND	RET DISTRICT ATTORNEY	400	. 40	0 400
	SANTA CRUZ,CA.95073					
3/11/2010	KEN/VIRGINIA SULLIVAN	IND	RET. DEVCON CONSTR.	100	0 10	0 100
	SOQUEL,CA.95073					

Schedule E Payments Made	Type or pri Amounts may to whole	be rounded	Statement covers period from07/01/2010	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through12/31/2010	Page 6, of 7
BOB LEE RE-ELECTION COMMITTEE				LO. NUMBER 1267522
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain normonetary)* CVC civis donations Fil. candidate filing/ballot fees fundraising events ND Independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	MBR member cor MTG meetings ar OFC office exper PET petition circi PHO phone bank POL polling and POS postage, de	nmunications id appearances nees Jating	RAD radio aixtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staffispouse travel, lodging,	duction costs of meals and meals s of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF-COMMITTEE ALSO ENTER LD. MUMSER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			3 11 8	
* Payments that are contributions or independent expenditures m	ust also be summ	arized on Schedule D.	SU	BTOTAL S

3. Total interest paid this period on loans. (Enter amount from Schedule 8, Part 1, Column (e).)......\$_____\$___

Schedule E Summary

FPPC Form 469 (January/05) FPPC Toll-Free Helplina: 866/ASK-FPPC (886/276-3772)

SUBTOTAL\$

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Och - dul- E	Torre an admitted to the					SCH	EDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be roun to whole dollars.		Statement cove		CALIFO FOR	RNIA 4	60
SEE INSTRUCTIONS ON REVERSE			through 12/3	1/2010	Page	7 of_	7
NAME OF FILER 808 LEE RE-ELECTION COMMITTEE					I.D. NUMBE		
	- A				1267522	2	
CODES: If one of the following codes accurately describ CMS campaign parapharnalia/misc. CMS campaign consultants CMS campaign consultants CMS campaign consultants CVC city conditions CVC city donations candidate filling/ballot fees fundralsing events MD independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET phone banks PCL polling and survey res PCS postage, delivery and PRO professional services PRT print ads	ntes Inces Iearch Messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave	nd production co butions rers' salaries time and production, lodging, and revel, lodging, lodgin	ction costs meals id meals of the same		ponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. MUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(6) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT P THIS PERI (ALSO REPORT	OD 8	(d) OUTSTAND BALANCE AT OF THIS PE	CLOSE
Born tarnes in the somewhat we have a second		7					
Poyments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :		\$		\$		
Schedule F Summary							
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized accrued.)	chedule F, Column (b) su accrued expenses under \$	btotals for \$100.)	INCUI	RRED TOTA	LS \$	2	0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p	dule F, Column (c) subtole payments on accrued exp	als for payments on enses under \$100.)	**************************	, PAID TOTA	LS \$		0
Net change this period. (Subtract Line 2 from Line 1. Ento on the Summary Page, Column A, Line 9.)			***************	N	ET \$		0

FPPC Form 480 (January/05)
FPPC Toil-Free Helpline: 868/ASK-FPPC (868/276-3772)

			V-0.0001 (100.00) 1 1 1 1		SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink Amounts may be roun to whole dollars.		Statement coverage of the from 07/01	ers period C/A	CALIFORNIA 460 FORM 7 of 7	
SEE INSTRUCTIONS ON REVERSE			through 12/3	11/2010 P		
NAME OF FILER BOB LEE RE-ELECTION COMMITTEE				1	NUMBER	
				1	67522	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees tundralsing events MD independent expenditure supporting/opposing others (explain)* LEG Legal defense LIT campaign literature and mailings	MBR member communication MBR member communicat	inces learch Massenger services	RAD radio airtimo a RFD returned contri SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse in	nd production costs ibutions kers' salaries time and production el, lodging, and meals avel, lodging, and the en committees of the on	eals e same candidate/spensor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
			*			
Payments that ere contributions or independent expenditures must also be	SUBTOTALS:					
summarized on Schedule D.	SUBIUIALS :				\$	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized a 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p	accrued expenses under the dule F, Column (c) subtologyments on accrued exp	als for payments on enses under \$100.)				
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and		********************************	NET \$	May be a negative number	
				FPI	PC Form 460 (January/05) ASK-FPPC (866/275-3772)	

D	acinicul Commillion				COVER PAGE
C	eciplent Committee ampaign Statement	Type or print in it	nk.	Date Stamp	CALIFORNIA 460
(G	over Page overnment Code Sections 84200-84216.5) E INSTRUCTIONS ON REVERSE	Statement covers period 01/01/2011 06/30/2011	Date of election if applicable: (Month, Day, Year)	NTA CRUZ CO. ELECTIC	
_		through			
1.	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	replate Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ornmittee) Controlled) Sponsored to Complete Part 6; rimarily Formed Candidate/ filiceholder Committee too Complete Part 7;	2. Type of Statement: Prestection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	Specification State	terly Statement ial Odd-Year Report Itemental Preefection ment - Attach Form 495
3.		. NUMBER 267522	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BOB LEE RE-ELECTION COMMITTEE		NAME OF TREASURER MAURA MATERA MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CONERDIONE	CITY CAPITOLA NAME OF ASSISTANT TREASU	STATE ZIP CO CA 9501 RER, IF ANY	
	CAPITOLA CA 95010 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BU		MAILING ADDRESS		
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	20 21	OPTIONAL: FAX / E-MAIL ADDR	RESS	
•	Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the lews of the State of California Executed on	that the foregoing is true and correct. By	dedge the information contained he signature of Assistant diagrature of Controlling Officeholder, Candidate, Sagnature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Cand	Treasurer ponent or Responsible Officer of Sponsor fatio Massure Proponent tatio Massure Proponent	les is true and complete. I certify FPPC Form 460 (January/05) sipline: 866/ASK-FPPC (888/276-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
california 460	
Page 2 of _ · 7	7

NAME OF DEFICE-HOLDER OR CANDIDATE BOB LEE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) SANTA CRUZ COUNTY DISTRICT ATTORNEY RESIDENTIALBUSINESS ADDRESS (NO. AND STREET) CITY STOTE ZIP SANTA CRUZ CA 95060 Related Committees Not Included in this Statement: List any committees not included in this astatement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidate. COMMITTEE NAME BOB LEE CAMPAIGN COMMITTEE LID. NUMBER 1241222 TOMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY OFFICE SOUGHT OR HELD SUPPORT OFFICE SOUGHT OR HE	. Officeholder or Candidat	e Controlled	Comm	ittee		6.	Primarily Formed Ball	ot Measure	Committee	×	
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RESIDENTIALBUSINESS (NO. AND STREET) CITY STATE ZIP SANTA CRUZ CA 95060 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 BOB LEE CAMPAIGN COMMITTEE NAME OF TREASURER COMMITTEE ADDRESS (NO P.O. BOX) COMMITTEE ADDRESS (NO P.O. BOX) COMMITTEE ADDRESS (NO P.O. BOX) NAME OF TREASURER CONTROLLED COMMITTEE? CAPITOLA CA 95010 COMMITTEE ADDRESS (NO P.O. BOX) 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 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 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 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 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 OPPOSE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE OPPOSE OPPOSE OPPOSE OPPOSE OPPOSE OPPOS	OFFICE SOUGHT OR HELD (INCLU	DE LOCATION AN	D DISTRIC	T NUMBER I	F APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	ſ	SUPPORT
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FPPC Form 460 (Junuary/05) FPPC Toll-Free Heipline: 866/ASK-FPPC (886/276-3772) State of Celifornia

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through	06/30/2011	Page 3 of /	
NAME OF FILER				I.D. NUMBER	
BOB LEE RE-ELECTION COMMITTEE				1267522	
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections		
Monetary Contributions	\$ 0 0	\$ 0 0 \$ 0 0 \$ 0	1/1 th 20. Contributions Received \$	7/1 to Date \$\$	
Expenditures Made 6. Payments Made	\$ 0 0 0 0	\$ 0 0 0 0		e Expenditures Made* Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 18 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts	0 0 0 \$ 0 \$	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).	*Amounts in this section m reported in Column B.	say be different from amounts	
18. Cash Equivalents	•		FPPC Yoll-Free Helplin	FPPC Form 480 (January/05) e: 886/ASK-FPPC (886/278-3772)	

	chedule A contributions Received		Type or print in Ink. Amounts may be rounded to whole dollars.				CALIFORNIA 460		
EF INSTRUCTIO	ONS ON REVERSE			through0	6/30/2011	Page	of	7	
AME OF FILER	RE-ELECTION COMMITTEE					1.D. NUI 12675			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NAMBER)	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF GELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELE TO DA (IF REQ)	ATE	
	(SEE ATTACHED SCHEDULE)	IND COM OTH PTY SCC	9			ı s			
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			SUBTOTAL	· ·			Now Y	1	
. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions				IND COI	other ti Other (e	nt Committee han PTY or o.g., busines	SCC)	
. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur				SC		Party Intributor Co Form 460 (J		

k		Type or print in	ink				SCHE	DULE B-PART		
Schedule B Part 1		ounts may be re	ounded		Statement co		CALIFORN	CALIFORNIA 460		
Loans Received		to whole dollar	rs.		from01/0	01/2011	FORM	400		
SEE INSTRUCTIONS ON REVERSE					through06	/30/2011	Page 5	of		
NAME OF FILER							I.D. NUMBER			
BOB LEE RE-ELECTION COMMITTEE					500		1267522	38		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTER, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-BAPLOYED, ENTER NAME OF BURINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTERES PAID THIS PERIOD	AMOUNT OF	(9) CUMULATIVE CONTRIBUTION TO DATE		
(SEE ATTACHED SCHEDULE)				PAID				CALENDAR YEAR		
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† IND COM OTH PTY SCC			s		DATE DUE		DATE INCURRED	s		
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		SUBTOTALS \$;	\$	\$	\$				
Schedule B Summary						(Enter (e) on Schadula E, Lina	3)			
1. Loans received this period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************	\$	0	unds				
(Total Column (b) plus unitemized loans	of less than \$100.)	9				ſ	†Contributor Codes			

2. Loans paid or forgiven this period\$ ____

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

†Contributor Codes IND - Individual

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

B LEE RE-ELECTION COMMITTEE \TEMENT PERIOD NUMBER 1267522 PPLEMENT TO FORM 460, SCHEDULE B, PART 1 ANS RECEIVED

AME AND ADDRESS OF LENDER	TYPE OF LENDER	INDIVIDUAL LENDER'S OCCUPATION AND EMPLOYER	CUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	INTEREST RATE	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
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VTA CRUZ, CA 95080 3 LEE	INDIVIDUAL	DISTRICT ATTORNEY COUNTY OF SANTA CRUZ	4,900	e •	-	4,900		NONE	4,900	4,900
ITA CRUZ, CA 95060	INDIVIDUAL	DISTRICT ATTORNEY COUNTY OF SANTA CRUZ	1,650	88 <u>.</u>	-	1,650	-	. NONE	1,650	1,850
ITA CRUZ, CA 95060	8		6,650	•	:	6,650	•	:	6,650	6,650

,	*		
Oshodulo E	Type or print in ink.		SCHEDUL
Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 01/01/2011	FORM 400
		06/30/2011	6 . 7
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
BOB LEE RE-ELECTION COMMITTEE			1267522
CODES: If one of the following codes accurately descriced: CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	ibes the payment, you may enter the code. Other MBR member communications meetings and appearances OFC office expenses PET petition circutating PHO phone banks POL polling and survey research POS PRO professional services (legal, accounting) PRT print ade	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging.	tuction costs d meats and meats s of the same candidate/sponse
NAME AND ADDRESS OF PAYEE	2005		

(IF COMMITTEE, ALSO ENTER LO. NAMBER)	CODE	OR DESCRIPTION OF PAYME	NI	AMOUNT PAID
v .				
* Payments that are contributions or independent expenditures must also be summe	arized on S	Ichedule D.	SUBTOTALS	3
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0		
2. Uniternized 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	TOTAL \$	0		

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1	Type or print in ink. Amounts may be rounded to whole dollars.	SCHEDULI					
Schedule F Accrued Expenses (Unpaid Bills)		Statement covers period from 01/01/2011	CALIFORNIA FORM	460			
SEE INSTRUCTIONS ON REVERSE	2	through 06/30/2011	Page 7	of			
NAME OF FILER			I.D. NUMBER	ís.			
BOB LEE RE-ELECTION COMMITTEE			1267522				
CODES: If one of the following codes accurately de- CMP campaign paraphemalia/misc.	scribes the payment, you may enter the code. MBR member communications	Otherwise, describe the payment RAD radio airlime and production of					

* Payments that are contributions or independent expenditures must also be summarized on Schedule F. Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	CODES: If one of the following codes accurately describe CVP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonatary)* CVC civic donations Fil. candidate filing/ballot fees FND tundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR mamber communication MTG meetings and appears OFC office expenses FET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime ai RFD returned contri SAL campaign wort TEL tw. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe- VOT voter registrati	nd production costs butions (cers' salaries time and production cos al, lodging, and meals avel, lodging, and meals avel, roging, and meals an committees of the sa	ime candidate/sponsor
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)			OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED	AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	×			ä		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)						
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	<i>2</i>					3
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)		SUBTOTALS (•		\$
accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.)	Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized at the second expenses of \$100 or more.)	accrued expenses under \$	\$100.)		RRED TOTALS \$ _	
on the Summary Page, Column A. Line 9.)	accrued expenses of \$100 or more, plus total uniternized p	payments on accrued exp	enses under \$100.)	*******************************		

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