

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

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Statement covers period

from 07/22/2020

through 09/19/2020

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

11/03/2020

SEE INSTRUCTIONS ON REVERSE

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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1428765

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Conlan for Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95062	(805)396-9051

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
elizabethconlan@protonmail.com

Treasurer(s)

NAME OF TREASURER  
Elizabeth Conlan

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Cruz	CA	95062	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS  
elizabethconlan@protonmail.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 09/22/2020  
Date

By Elizabeth Conlan  
Signature of Treasurer or Assistant Treasurer

Executed on 09/22/2020  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Elizabeth Conlan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 City Council Member City Council - Santa Cruz: City of Santa Cruz

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 Santa Cruz CA 95062

**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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/22/2020	
through	09/19/2020	Page <u>3</u> of <u>8</u>
		I.D. NUMBER 1428765

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Conlan for Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 2,434.00	\$ 2,434.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 2,434.00	\$ 2,434.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	2,045.74	2,045.74
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 4,479.74	\$ 4,479.74

## 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	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 142.75	\$ 142.75
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 142.75	\$ 142.75
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	2,045.74	2,045.74
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 2,188.49	\$ 2,188.49

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts ..... Column A, Line 3 above	2,434.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	142.75
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,291.25
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

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 may be different from amounts reported in Column B.

## Cash Equivalents and Outstanding Debts

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/22/2020	
through	09/19/2020	Page 4 of 8
NAME OF FILER		I.D. NUMBER
Conlan for Council 2020		1428765

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/30/2020	Elizabeth Conlan Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Driscoll's	170.00	2,145.00	G2020 \$2,145.00
08/31/2020	Kristi St Germain Saint Paul, MN 55102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	G2020 \$100.00
09/01/2020	Henry Hooker Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Enumerator US Census	100.00	100.00	G2020 \$100.00
09/01/2020	Kyle Kelley Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Netflix	400.00	400.00	G2020 \$400.00
09/01/2020	Iana Kostina Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Scientist Driscoll's	200.00	200.00	G2020 \$200.00
<b>SUBTOTAL \$</b>				970.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2,020.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 414.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 2,434.00**

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/22/2020	
through	09/19/2020	Page 5 of 8

NAME OF FILER Conlan for Council 2020	I.D. NUMBER 1428765
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2020	Charles Vaske Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Immunity Bio	250.00	250.00	G2020 \$250.00
09/03/2020	Teresa Woolley Mantorville, MN 55955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	200.00	200.00	G2020 \$200.00
09/03/2020	Emily Zhang Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Graduate Student Stanford University	200.00	200.00	G2020 \$200.00
09/09/2020	Mercy Olmstead Aptos, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Viticulturist E & J Gallo	100.00	100.00	G2020 \$100.00
09/18/2020	Ajay Shenoy Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UC Santa Cruz	200.00	200.00	G2020 \$200.00
<b>SUBTOTAL \$</b>				950.00		

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/22/2020  
through 09/19/2020

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Conlan for Council 2020

I.D. NUMBER

1428765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2020	Natalie Lynch Washington, DC 20003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Deloitte	100.00	100.00	G2020 \$100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				100.00		

\*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

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/22/2020	
through	09/19/2020	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Conlan for Council 2020		1428765

SEE INSTRUCTIONS ON REVERSE

Conlan for Council 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2020	Elizabeth Conlan Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Driscoll's	Tax ID/EIN	277.00	2,145.00	G2020 \$2,145.00
08/01/2020	Elizabeth Conlan Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Driscoll's	Web domain for candidate	20.00	2,145.00	G2020 \$2,145.00
08/03/2020	Elizabeth Conlan Santa Cruz, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Driscoll's	Voter Guide	1,678.00	2,145.00	G2020 \$2,145.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					<b>SUBTOTAL \$</b>	1,975.00	

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$	1,975.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	70.74
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$</b>	2,045.74

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/22/2020	
through	09/19/2020	Page 8 of 8
NAME OF FILER		I.D. NUMBER
Conlan for Council 2020		1428765

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Conlan for Council 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$** 0.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	0.00
2. Unitemized payments made this period of under \$100 .....	\$	142.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	142.75