Campaign Statement   Cover Page   Cover Pa	Desirient Committee				COVER PAGE
Statement covers period   from   D1/01/2020   through   D9739/2020   Date of election if applicable: (Month, Day, Year)   For Official Use Only	Recipient Committee Campaign Statement Cover Page				
Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Government Code Sections 84200-84216.5)	01/01/0000		09/24/2020 14:14:51 Filing ID:	
State Candidate Election Committee   Primarily Formed Bailot Measure   Committee   Recall   Candidate Election Committee   State Candidate Election Committee   Sponsored   Committee   Committee   Sponsored   Committee	SEE INSTRUCTIONS ON REVERSE	through09/19/2020	11/03/2020	192900451	
State Candidate Election Committee   Recall   Controlled   Controlled	I. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
COMMITTEE INTO TRABULES  COMMITTEE NAME (OR CANDIDATES) NAME IF NO COMMITTEE)  MARIA CADENAS FOR CITY COUNCIL 2020  STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE SANTA CRUZ CA 95062  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE SANTA CRUZ CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS CONTACTWOYTEMARITA/2020, ORG  OPTIONAL: FAX / E-MAIL ADDRESS CONTACTWOYTEMARITA/2020, ORG  OPTIONAL: FAX / E-MAIL ADDRESS CONTACTWOYTEMARITA/2020, ORG  Executed on 09/24/2020 Date  Executed on 09/24/2020 Date  Executed on 09/24/2020 Date  Executed on Date  By Maria Cadenas Signature of Controlling Officientider, Candidate, State Measure Proponent or Responsible Officer of Sponsor  Executed on Date  By Signature of Controlling Officientider, Candidate, State Measure Proponent  Executed on Date  Executed on Date  By Signature of Controlling Officientider, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officientider, Candidate, State Measure Proponent	<ul> <li>State Candidate Election Committee</li> <li>Recall         (Also Complete Part 5)</li> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> </ul>	Committee  Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee	Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spectronination) State	cial Odd-Year Report plemental Preelection
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTÉE)  MARIA CADENAS FOR CITY COUNCIL 2020  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE SANTA CRUZ CA 95.062  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS CONTACT®VOTEMARIA2020.ORG  CONTACT®VOTEMARIA2020.ORG  Date  Executed on 09/24/2020 Date  Executed on 09/24/2020 Date  Executed on 09/24/2020 Date  Date  By Maria Cadenas Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent	3. Committee Information		Treasurer(s)		
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  Santa Cruz CA 95.062  CITY STATE ZIP CODE AREA CODE/PHONE  SANTA CRUZ CA 95.062  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  SANTA CRUZ CA 95.062  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  SANTA CRUZ CA 95.062  CITY STATE ZIP CODE AREA CODE/PHONE  SANTA CRUZ CA 95.062  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT®VOTEMARIA2020. ORG  CONTACT®VOTEMARIA2020. ORG  CONTACT®VOTEMARIA2020. ORG  CONTACT®VOTEMARIA DDRESS  CITY  STATE ZIP CODE  AREA CODE/PHONE  SANLE CRUZ  SIGNAL CRUZ  SIGNAL CRUZ  CITY  STATE ZIP CODE  AREA CODE/PHONE  SANLE CRUZ  CITY  STATE ZI	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		_
STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE Santa Cruz CA 95062  CITY STATE ZIP CODE AREA CODE/PHONE SANTA CRUZ CA 95062  MALING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE MALING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Santa Cruz CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS CONTACT®VOTEMARIA 2020. ORG  CONTACT®VOTEMARIA 2020. ORG  CONTACT®VOTEMARIA STATE ST	MARIA CADENAS FOR CITY COUNCIL 2020				
SANTA CRUZ  CA 95062  (831) 421-1352  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX  CITY  STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  CITY  STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT®VOTEMARIA2020.ORG  CONTACT®VOTEMARIA2020.ORG  CITY  STATE ZIP CODE AREA CODE/PHONE  Santa Cruz  CA 95062  CITY  STATE ZIP CODE AREA CODE/PHONE  Santa Cruz  CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT®VOTEMARIA2020.ORG  CITY  STATE ZIP CODE AREA CODE/PHONE  Santa Cruz  CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS  equitybydesign@gmail.com  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 09/24/2020  Date  Executed on 09/24/2020  Date  Executed on Date  Date  By Maria Cadenas  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent					
Alfredo Manrique  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY  STATE  ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACTIEVOTEMARIA 2020. ORG  OPTIONAL: FAX / E-MAIL ADDRESS  contacting on 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 O9/24/2020  Date  Executed on O9/24/2020  Date  Date  Date  Date  Date  Date  Date  By Maria Cadenas  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent	STREET ADDRESS (NO P.O. BOX)				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY  STATE ZIP CODE AREA CODE/PHONE  CITY  STATE ZIP CODE AREA CODE/PHONE  Santa Cruz  CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT®VOTEMARIA2020, ORG  OPTIONAL: FAX / E-MAIL ADDRESS  Equitybydesign@gmail.com  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  Equitybydesign@gmail.com  OPTIONAL: FAX / E-MAIL ADDRESS  Equitybydesign@gmail.com  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL:	CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
CITY STATE ZIP CODE AREA CODE/PHONE  Santa Cruz CA 95062  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT@VOTEMARIA2020.ORG  OPTIONAL: FAX / E-MAIL ADDRESS  CONTACT@VOTEMARIA2020.ORG  OPTIONAL: FAX / E-MAIL ADDRESS  equitybydesign@gmail.com  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 09/24/2020  Date  Executed on 09/24/2020  Date  By Maria Cadenas  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed On Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed On Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent					
Santa Cruz  OPTIONAL: FAX / E-MAIL ADDRESS CONTACT@VOTEMARIA2020.ORG  OPTIONAL: FAX / E-MAIL ADDRESS contact@votemaria2020.org  OPTIONAL: FAX / E-MAIL ADDRESS equitybydesign@gmail.com  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	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
Executed on O9/24/2020 By Maria Cadenas Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date By Signature of Controlling Officeholder, Candidate, State Measure Proponent	CITY STATE ZIP C	ODE AREA CODE/PHONE			
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 09/24/2020 By Alfredo Manrique  Executed on 09/24/2020 By Maria Cadenas  Signature of Treasurer or Assistant Treasurer  Executed on Date  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent					
Executed on	I have used all reasonable diligence in preparing and reviewir	ng this statement and to the best of my kn lia that the foregoing is true and correct.	owledge the information contained here	ein and in the attached schedu	ules is true and complete. I certify
Executed on	Executed on	By Alfredo Ma	nrique Signature of Treasurer or Assistant T	reasurer	
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on  Date Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent		By <u>Maria Cade</u> Signature of Co	nas ontrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	
Date Signature of Controlling Officeholder Candidate State Measure Proponent	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	 FPPC Form 460 (Jan/2016)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIF FC	ORNIA ORM	4	<b>160</b>					
Page _	2	of _	20					

The second contract of	nmittee	0	. Primarily i	Formed Ballo	t Measure (	Committee		
IAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALL	OTMEASURE				
Maria Cadenas								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABI	LE)	BALLOT NO. O	R LETTER	JURISDICTIO	N		SUPPORT
ity Council Member								OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	lalamtifu, tha					
	SANTA CRUZ CA	95062		controlling office	<u> </u>	<u> </u>	te measure p	proponent, if an
			NAME OF OFF	ICEHOLDER, CANI	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this	Statement: List any col	mmittees						
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed		OFFICE SOUG	HT OR HELD			DISTRICT NO. I	F ANY
OMMITTEE NAME	I.D. NUMBER		_					
			7 Primarily I	Formed Cand	lidate/Office	sholder Cor	nmittaa <i>iii</i>	of names of
IAME OF TREASURER	CONTROLLED COMMIT	TEE?		s) or candidate(s)				
	YES NO	<u> </u>	NAME OF OFF	ICEHOLDER OR C	ANDIDATE	OFFICE SOUG	UT OD HEI D	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	O. BOX)		NAIVIE OF OFF	ICENOLDER OR G	ANDIDATE	OFFICE SOUGH	III OK IILLD	SUPPORT OPPOSE
CITY STATE Z	IP CODE AREA COI	DE/PHONE	NAME OF OFF	ICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
								OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFF	ICEHOLDER OR C	ANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT
								OPPOSE
IAME OF TREASURER	CONTROLLED COMMIT	TEE?	NAME OF OFF	ICEHOLDER OR C	ANDIDATE	OFFICE SOUGI	HT OR HELD	
	☐ YES ☐ NO	<u> </u>						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	O. BOX)							
STATE Z	IP CODE AREA COI	DE/PHONE		Attac	h continuatio	n sheets if ne	ecessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAG	Ε
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MARIA CADENAS FOR CITY COUNCIL 2020 1428055 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 8,974.00 8,974.00 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions \$ \_\_\_\_ 8,974.00 8,974.00 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_ Received 4. Nonmonetary Contributions ...... Schedule C, Line 3 21. Expenditures Made \$ 9,024.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made ...... Schedule H, Line 3 0.00 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \_\_\_\_\_50.00 50.00 \$ 6,846.37 **Current Cash Statement** 12. Beginning Cash Balance ....... Previous Summary Page, Line 16 \$ \_\_\_\_\_\_ To calculate Column B, add 8,974.00 amounts in Column A to the 13. Cash Receipts ...... Column A, Line 3 above corresponding amounts \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 2,020.83 from Column B of your last reported in Column B. report. Some amounts in 6,435.86 Column A may be negative 4,558.97 figures that should be 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 for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED ...... Schedule B. Part 2 \$ \_\_\_\_\_ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ 360.51 19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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

Schedule A Monetary Contributions Received		Amounts may be rounded			ers period	CALIFORNIA 460		
	DNS ON REVERSE			through	J20			of
MARIA CADEN	AS FOR CITY COUNCIL 2020					I.D. NU	UMBER 055	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	TC	ELECTION DATE EQUIRED)
07/21/2020	Caitlin Brune Santa Cruz, CA 95062	⊠IND □COM □OTH □PTY □SCC	Consultant DBA Caitlin Brune	100.00	1(	0.00	G2020	\$100.00
07/21/2020	Grosz Charles Milwaukee, WI 53204		Executive and Artistic Director Early Music Now	100.00	1(	0.00	G2020	\$100.00
07/22/2020	Jessica Parr Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Foundation Director CCOF	100.00	1(	0.00	G2020	\$100.00
07/24/2020	Coonerty for County Supervisor 2014 (ID# 1360850) Santa Cruz, CA 95060	□IND ☑COM □OTH □PTY □SCC		250.00	25	50.00	G2020	\$250.00
07/25/2020	Charles Vaske Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Scientist ImmunityBio	250.00	25	0.00	G2020	\$250.00
			SUBTOTALS	800.00				

### **Schedule A Summary**

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

8,974.00

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

DATE RECEIVED    CONTRIBUTOR CODE *   CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   CALENT (JAN. 1	Page	5 of <u>20</u>
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)   CONTRIBUTOR CODE *	I.D. NUMB	
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *  OCCUPATION AND EMPLOYER (IFSCH-FEMPLOYER, ALSO ENTER I.D. NUMBER)  Director HOPE  Received through intermediary:  O8/05/2020  Anthony Chang Mountain View, CA 94041  DATE (IF COMTITEE, ALSO ENTER I.D. NUMBER)  CONTRIBUTOR CODE *  IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYER, EMPLOYER)  OCCUPATION AND EMPLOYER (IFSELF-EMPLOYER)  OF BUSINESS)  Director HOPE  AMOUNT RECEIVED THIS PERIOD  COM HOPE  Received through intermediary:  O8/05/2020  Anthony Chang Mountain View, CA 94041  Director Kitchen Table Advisors  Received through intermediary:		BER
DATE RECEIVED    FOLL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *   CONTRIBUTOR CODE *   CONTRIBUTOR CODE *   COLUMN	1428055	5
San Fernando, CA 91340  COM OTH PTY SCC  08/05/2020 Anthony Chang Mountain View, CA 94041  Director Kitchen Table Advisors  Received through intermediary: ActBlue West Somerville, MA 02144  Director Kitchen Table Advisors  Received through intermediary: ActBlue West Somerville, MA 02144	TIVE TO DATE DAR YEAR - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Mountain View, CA 94041  COM  Received through intermediary:	200.00 G2	2020 \$200.00
OTH  PTY  SCC  Received through intermediary: ActBlue West Somerville, MA 02144	250.00 G2	2020 \$250.00
08/06/2020 Brissa Quiroz Fresno, CA 93720 SIND COM OTH PTY SCC Faculty California State University Received through intermediary: ActBlue West Somerville, MA 02144	400.00 G2	2020 \$400.00
O8/07/2020 Casey Protti Santa Cruz, CA 95060  COM OTH PTY SCC  Owner Bookshop Santa Cruz  Received through intermediary: ActBlue West Somerville, MA 02144	200.00 G2	2020 \$200.00
Doris Rose Watsonville, CA 95076  Salud Para La Gente  COM OTH PTY SCC  Administrator Salud Para La Gente  Received through intermediary: ActBlue West Somerville, MA 02144	200.00 G2	2020 \$200.00
SUBTOTAL\$ 1,150.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

			from01/01/	2020	FORM	400
			through <sup>09/19/</sup>	<sup>/2020</sup> Pag	e6	of
IAME OF FILER				I.D.	NUMBER	
ARIA CADENAS FOR CITY COUNCIL 2020				142	8055	
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)	'	R ELECTION TO DATE REQUIRED)
08/09/2020 Chris Benner Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Professor University of California	100.00 Received through inter ActBlue West Somerville, MA (	rmediary:	0 G2020	\$100.00
08/09/2020 Wendy Sosa Soledad, CA 93960	IND  COM  OTH  PTY  SCC	Non-profit professional Sustainable Agriculture and Food Systems Funders	75.00 Received through inter ActBlue West Somerville, MA (	rmediary:	0 G2020	\$150.00
08/10/2020 Emily Buchbinder Capitola, CA 95010		Lawyer Law Office of Emily Buchbinder	100.00  Received through inter ActBlue West Somerville, MA (	rmediary:	0 G2020	\$100.00
08/10/2020 Judi Manzi Los Gatos, CA 95030		Physician Kaiser	400.00 Received through inter ActBlue West Somerville, MA (	rmediary:	0 G2020	\$400.00
08/10/2020 Henry Martin Eureka, CA 95077	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney WLC Watsonville Law Center	200.00  Received through inter ActBlue West Somerville, MA (	rmediary:	0 G2020	\$200.00
		SUBTOTAL	875.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contribu	utions Received	Amounts may to whole		Statement cov		CALIFO FOI	ORNIA RM	460
				through 09/19	/2020	Page	of _	20
IAME OF FILER			_			I.D. NUME	BER	
ARIA CADENAS FOR CITY	COUNCIL 2020	_				142805	5	
DATE RECEIVED FULL NAME,	STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (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 CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELI TO D (IF REQ	ATE
08/11/2020 Kyle Kelle Santa Crus	ey z, CA 95060		Senior Software Engineer Netflix	400.00	4	00.00 G	2020	\$400.00
08/11/2020 Robert Sin Santa Crus	ngleton z, CA 95060		Executive Director Santa Cruz County Business Council	200.00  Received through inte ActBlue West Somerville, MA	rmediary:	00.00 G	2020	\$200.00
08/12/2020 Elizabeth Los Angel	Tulasi es, CA 90016	⊠IND □ COM □ OTH □ PTY □ SCC	COO BizFed	100.00  Received through inte ActBlue West Somerville, MA	rmediary:	50.00 G	2020	\$150.00
	mon z, CA 95065	⊠IND □ COM □ OTH □ PTY □ SCC	Affordable Housing Developer Envision Housing	400.00 Received through inte ActBlue West Somerville, MA	rmediary: 02144	00.00 G		\$400.00
08/14/2020 Don Levig Soquel, Ci	A 95073	IND  COM  OTH  PTY  SCC	Levig Design Group Engineer	300.00 Received through inte ActBlue West Somerville, MA	rmediary:	00.00 G	2020	\$300.00
			SUBTOTAL	1,400.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

Santa Cruz, CA 95062  COM OTH PTY SCC  Stacey Nagel Scotts Valley, CA 95066  Scotts Valley, CA 9					from01/01/	/2020	F	ORM	400
ABIA CADENAS FOR CITY COUNCIL 2020    DATE   RECEIVED   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF COUNCING NAME AND CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF COUNCING NAME AND CODE   FULL NAME, STREET ADDRESS AND ZIP CODE OF COUNCING NAME AND COUNCI					through09/19/	/2020	Page	8	of
DATE RECEIVED    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED   FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE	IAME OF FILER						I.D. NU	IMBER	
DATE   POLITIVE   POLITIVE AND STREET ADDRESS AND A POLICE OF CODE   CONTRIBUTOR CODE   CONTRIBUTOR CODE   CODE   COUNTRION OF PERSONAL PROPERTIES AND STREET AND STREET AND STREET   CONTRIBUTOR CODE   COUNTRIBUTOR COUNTRIBUTOR CODE   COUNTRIBUTOR COUNTRIBUTOR CODE   COUNTRIBUTOR COUNTRIBUTER COUNTRIBUT	ARIA CADENAS	FOR CITY COUNCIL 2020					14280	)55	
Santa Cruz, CA 95062    COM OTH OTH PTY SCC   SCC   Stacey Nagel Scotts Valley, CA 95066   Scotts Valley, CA 95076   ScC   Scotts Valley, CA 95076   ScC   Scc   Scotts Valley, CA 95076   ScC   S				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	Т	O DATE REQUIRED)
Scotts Valley, CA 95066  COM OTH PT SCC  Received through intermediary: ActBlus West Somerville, MA 22144  Responsible Common City of Watsonville  Received through intermediary: ActBlus West Somerville, MA 22144  Responsible Common City of Watsonville  Received through intermediary: ActBlus West Sacramento, CA 95691  Received through intermediary: ActBlus West Somerville, MA 22144	08/14/2020		□COM □OTH □PTY		Received through inter	rmediary:	.00.00	G2020	\$100.00
Watsonville, CA 95076  COM OTH PTY SCC  08/18/2020 Vanessa Cajina West Sacramento, CA 95691  COM OTH PTY SCC    SIND COM OTH PTY SCC SCC SCC SCC SCC SCC SCC SCC SCC SC	08/15/2020		□COM □OTH □PTY		Received through inter	rmediary:	.00.00	G2020	\$100.00
West Sacramento, CA 95691    COM	08/17/2020		□COM □OTH □PTY		100.00	1	.00.00	G2020	\$100.00
Watsonville, CA 95076  COM OTH PTY SCC  El Pajaro CDC  Received through intermediary: ActBlue West Somerville, MA 02144	08/18/2020		☐COM ☐OTH ☐PTY		Received through inter	rmediary:	00.00	G2020	\$400.00
SUBTOTAL\$ 800.00	08/21/2020		☐COM ☐OTH ☐PTY		Received through inter	rmediary:	.00.00	G2020	\$100.00
				SUBTOTAL	\$ 800.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

			from01/01/	2020	FOF	ORNIA RM	460
			through 09/19/	2020	Page	9 of _	20
AME OF FILER					I.D. NUME	ER	
ARIA CADENAS FOR CITY COUNCIL 2020					1428055	i	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTE (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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELE TO DA (IF REQI	ATE
08/23/2020 Barbara Meister Santa Cruz, CA 95060		Public Affairs Director Monterey Bay Aquarium	400.00 Received through interactBlue West Somerville, MA (	mediary:	00.00 G2	020	\$400.00
08/24/2020 David Mancera Salinas, CA 93901		Director Kitchen Table Advisors	100.00 Received through inter ActBlue West Somerville, MA (	mediary:	00.00 G2	020	\$100.00
08/24/2020 Mark Tarantino Santa Cruz, CA 95060		Computer Analyst DBA Mark Tarantino	400.00	40	00.00 G2	020	\$400.00
08/27/2020 Elmy Bermejo San Francisco, CA 94121		Not Employed Not Employed	100.00 Received through interactBlue West Somerville, MA (	mediary: 02144	00.00 G2		\$100.00
08/28/2020 Raymon Cancino Aptos, CA 95003		CEO Community Bridges	100.00 Received through interActBlue West Somerville, MA (	rmediary:	00.00 G2	020	\$100.00
		SUBTOTAL	\$ 1,100.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		10 1111010		from01/01/	2020	ORM 400
				through09/19/	2020 Page	10 of20
IAME OF FILER					I.D. N	UMBER
ARIA CADENAS	FOR CITY COUNCIL 2020				1428	055
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)
08/29/2020	Carol Fuller Santa Cruz, CA 95060		Not Employed Not Employed	99.00	299.00	G2020 \$299.00
09/02/2020	Leslie Conner Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	Administrator SCCHC	100.00 Received through inter ActBlue West Somerville, MA (		G2020 \$100.00
09/08/2020	Yissel Barajas Camarillo, CA 93012		Human Resources Reiter Affiliated Companies	250.00  Received through inter ActBlue West Somerville, MA (	_	G2020 \$250.00
09/08/2020	Stacey Herzing San Juan Capistrano, CA 92675	IND  COM  OTH  PTY  SCC	Photographer DBA Stacey Herzing	400.00	400.00	G2020 \$400.00
09/09/2020	Carrie Lopez Oceanside, CA 92056	☑IND □COM □OTH □PTY □SCC	Consultant DBA Carrie Lopez	150.00 Received through inter ActBlue West Somerville, MA	mediary:	G2020 \$150.00
			SUBTOTAL	\$ 999.00		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

				from01/01/	2020	F	ORM	100		
				through09/19/	2020	Page	11 of	20		
IAME OF FILER						I.D. NU	MBER			
ARIA CADENA	S FOR CITY COUNCIL 2020					14280	)55			
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)		RECEIVED THIS CALENDAR YEAR		ТО	LECTION DATE QUIRED)
09/09/2020	Veronica Ramirez Burlingame, CA 94010		Attorney Redwood City	100.00 Received through interactBlue West Somerville, MA (	rmediary:	00.00	G2020	\$100.00		
09/09/2020	Elizabeth Tulasi Los Angeles, CA 90016		COO BizFed	50.00 Received through inter ActBlue West Somerville, MA (	rmediary:	50.00	G2020	\$150.00		
09/10/2020	Ramona Prieto San Francisco, CA 94123		Government Relations PG&E	Received through inter ActBlue West Somerville, MA (	rmediary:	00.00	G2020	\$100.00		
09/12/2020	Carol Pelletier Santa Cruz, CA 95060	IND  COM  OTH  PTY  SCC	HR Consultant Self-Employed	200.00  Received through inter ActBlue West Somerville, MA (	rmediary:	00.00	G2020	\$200.00		
09/14/2020	Wendy Sosa Soledad, CA 93960	☑IND □COM □OTH □PTY □SCC	Non-profit professional Sustainable Agriculture and Food Systems Funders	75.00 Received through interactBlue West Somerville, MA (	rmediary:	50.00	G2020	\$150.00		
			SUBTOTAL	\$ 525.00						

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement cove  from01/01/  through09/19/	2020		CALIFORNIA FORM  Page 12 of 2	
NAME OF FILER				tin ough		I.D. NU		
	FOR CITY COUNCIL 2020					14280		
DATE RECEIVED	RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	ТО	LECTION DATE QUIRED)
09/16/2020	Carol Fuller Santa Cruz, CA 95060		Not Employed Not Employed	200.00		299.00		\$299.00
09/19/2020	Doris Rose Watsonville, CA 95076	⊠IND □COM □OTH □PTY □SCC	Administrator Salud Para La Gente	100.00 Received through inter ActBlue West Somerville, MA (	rmediary:	200.00	G2020	\$200.00
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 300.00				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from01/01/2020			CALIFORNIA 46	
SEE INSTRUCTION	NS ON REVERSE				thre	ough09/19/20	20	Page	13 of 20
NAME OF FILER								I.D. NUME	BER
MARIA CADENA	S FOR CITY COUNCIL 2020							142805	5
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							

**Schedule C Summary** 

Amount received this period – itemized nonmonetary contributions.
 (Include all Schedule C subtotals.)

 Amount received this period – unitemized nonmonetary contributions of less than \$100
 Total nonmonetary contributions received this period.

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

SCC – Small Contributor Committee

www.fppc.ca.gov

\*Contributor Codes

50.00

Schedule E
Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

### Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2020	FORM <b>TOO</b>
through09/19/2020	Page of
	I.D. NUMBER
	1428055

MARIA CADENAS FOR CITY 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
Community Printers Santa Cruz, CA 95062	LIT	Postcards	488.82
C&I Consulting Santa Barbara, CA 93101-2255	CNS	Consultant on 460 form reporting	187.50
County of Santa Cruz Santa Cruz, CA 95060	FIL	Candidate Statement Fee	1,678.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 2,354.32

#### **Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	6,385.86
2. Unitemized payments made this period of under \$100\$_	50.00
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.)	6,435.86

Schedule E	
(Continuation She	et)
Payments Made	-

### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2020	FORM TOO
through09/19/2020	Page 15 of 20
	I.D. NUMBER
	1428055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARIA CADENAS FOR CITY 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 MTG meetings and appearances campaign consultants RFD returned contributions CNS 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

FID phone banks

FND fundraising events

POL polling and survey research

FNS staff/spouse travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

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
Political Data Inc Norwalk, CA 90652	PRO	Voter Information Data	500.00
Community Printers Santa Cruz, CA 95062	LIT	Campaign Yard signs	849.97
Community Television of Santa Cruz County Santa Cruz, CA 95062	OFC		177.00
ActBlue West Somerville, MA 02144	PRO	Fee to process Donations for August 2020	77.21
ActBlue West Somerville, MA 02144	PRO		127.36

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

Schedule E	
(Continuation Sheet)	)
Payments Made	

#### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from01/01/2020	FORM 400
through09/19/2020	— Page <u>16</u> of <u>20</u>
	I.D. NUMBER
	1428055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

MARIA CADENAS FOR CITY COUNCIL 2020

campaign literature and mailings

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

print ads

PRT

campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions CNS CTB contribution (explain nonmonetary)\* 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 candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL TRS independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS legal defense LEG professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID OR

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Santa Cruz, CA 95060	POS		350.00
Political Data Inc Norwalk, CA 90652	PRO	Voter Information Data	900.00
USPS Santa Cruz, CA 95060	POS	Postcard stamps	700.00
USPS Santa Cruz, CA 95060	POS	Postcard Stamps	350.00

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

SUBTOTAL \$

2,300.00

### Schedule F **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/01/2020 through  $\underline{-09}/19/2020$ Page  $\frac{17}{}$  of  $\frac{20}{}$ I.D. NUMBER

1428055

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MARIA CADENAS FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* SAL campaign workers' salaries OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating

candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* transfer between committees of the same candidate/sponsor postage, delivery and messenger services

legal defense professional services (legal, accounting) VOT voter registration

LEG campaign literature and mailings print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. 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
American Express Los Angeles, CA 90096	POS	0.00	207.86	0.00	207.86
American Express Los Angeles, CA 90096	PRO	0.00	117.70	0.00	117.70
ActBlue West Somerville, MA 02144	PRO Fee to process Sep donations up to the 19th	0.00	19.95	0.00	19.95
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0.00	345.51	0.00	345.51

#### Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 360.51
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) .......PAID TOTALS \$ \_ 0.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

  NET \$ \frac{360.51}{\text{May be a negative number}}\$

### Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from01/01/2020	FORM 40U
through09/19/2020	Page 18 of 20
	I.D. NUMBER
	1428055

transfer between committees of the same candidate/sponsor

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

MARIA CADENAS FOR CITY COUNCIL 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

American Express

001	To the 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

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

independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services LEG legal defense

professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot Santa Cruz, CA 95060	POS		207.86
Political Data Inc Norwalk, CA 90652	PRO		117.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

325.56

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

### Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIF	ORN	IA	46	N
from	01/01/2020	FC	RM		TU	U
through	09/19/2020	Page	19	of	2.0	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

SCHEDULE

MARIA CADENAS FOR CITY COUNCIL 2020

1428055

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/03/2020	Jan Shirchild Watsonville, CA 95076	****TRANSFER*** 8/28/2020 Maria Cadenas for Senate 2020 FPPC#1420683	100.00
02/07/2020	Elizabeth Tulasi Los Angeles, CA 90016	*****TRANSFER*** 8/6/2020 Maria Cadenas for Senate 2020 FPPC#1420683	100.00
02/19/2020	Stephen Padgett Marina, CA 93933	****TRANSFER*** 8/6/2020 Maria Cadenas for Senate 2020 FPPC#1420683	100.00
02/20/2020	Anthony Bowen Washington, DC 20009	****TRANSFER*** 8/6/2020 Maria Cadenas for Senate 2020 FPPC#1420683	250.00
02/21/2020	Llisel Solis Gilroy, CA 95020	****TRANSFER*** 8/6/2020 Maria Cadenas for Senate 2020 FPPC#1420683	100.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 

650.00

#### **Schedule I Summary**

1.	. Itemized increases to cash this period\$	850.	00
2.	. Unitemized increases to cash of under \$100 this period\$	1,170.	83
3.	. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$	0.	00

**OTAL** \$ \_\_\_\_\_\_2,020.83

### **Schedule I (Continuation Sheet)**

SCHEDULE I (CONT.)

<b>Viiscellan</b>	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period  from01/01/2020	FORM 460
SEE INSTRUCTIO	NS ON REVERSE		through09/19/2020	Page of
NAME OF FILER			<del>-</del>	I.D. NUMBER
MARIA CADENA	AS FOR CITY COUNCIL 2020			1428055
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/23/2020	Tori Poppenheimer Cambria, CA 93428	****TRANSFER*** Senate 2020 FP	8/6/2020 Maria Cadenas for PC#1420683	100.00
02/29/2020	Jessica Dickinson Goodman San Jose, CA 95139	****TRANSFER*** Senate 2020 FP	7/27/2020 Maria Cadenas for PC#1420683	100.00
Attach add	ditional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 200.00