Recipient Committee	COVER	PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Date Stamp CALIFORNIA 46	0
(Government Code Sections 64200-64216.5) Statement covers perio from01/01/2020	Date of election if applicable: (Month, Day, Year)     09/24/2020 16:59:44     Page 1     of 28       Filing ID:     For Official Use Only	
SEE INSTRUCTIONS ON REVERSE through	11/03/2020	
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	
<ul> <li>☑ Officeholder, Candidate Controlled Committee         <ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> </ul> </li> <li>☑ General Purpose Committee         <ul> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Primarily Formed Ballot Measure</li> <li>Committee</li> <li>Sponsored</li> <li>Officeholder Committee</li> <li>Sponsored</li> <li>Officeholder Committee</li> </ul> </li> </ul>	▼ Preelection Statement       Quarterly Statement         Semi-annual Statement       Special Odd-Year Report         Termination Statement       Supplemental Preelection         (Also file a Form 410 Termination)       Statement - Attach Form 495         Amendment (Explain below)	-
3. Committee Information	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NAME OF TREASURER	
Brunner for Santa Cruz City Council 2020	Simone MacLeod	
	MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE AREA CODE/PI	HONE
	Santa Cruz CA 95062 (831)291-	-5281
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
Santa Cruz CA 95062 (831)291-5281		
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/PI	IONE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS	
sonja4santacruz@gmail.com	sonja4santacruz@gmail.com	

Executed on	09/24/2020	BySimone MacLeod	
	Date	Signature of Treasurer or Assistant Treasurer	
Executed on	09/24/2020 Date	By Sonja Brunner 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	FPPO

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

# Recipient Committee Campaign Statement Cover Page — Part 2

### 5. Officeholder or Candidate Controlled Committee

## NAME OF OFFICEHOLDER OR CANDIDATE

#### Sonja Brunner

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)									
City Council Member City Council - Santa	Cruz: City of	Santa Cr	ruz						
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. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	K)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLLE	ED COMMITTEE?
			YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BO	K)	
CITY	STATE	ZIP CO	DE	AREA CODE/PHONE

# 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	UPPORT
----------------------	--------------	--------

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		
	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

# 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	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

COVER PAGE - PART 2

**CALIFORNIA** 

FORM

Page \_\_\_\_\_ of \_\_\_\_\_

Campaign Disclosure Statement Summary Page						SUMMA				
		Amounts may be rounded to whole dollars.				ment covers period	CALIFORNIA 460			
					from	01/01/2020	FORM <b>400</b>			
					through	09/19/2020	Page3 of28			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER			
Brunner for Santa Cruz City Council 2020							1427262			
Contributions Received	(	Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column CALENDAR TOTALTOD	/EAR		nmary for Candidates e State Primary and			
1. Monetary Contributions Schedule A, Line 3	\$	15,000.52	\$	15,	000.52					
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1 ti	hrough 6/30 7/1 to Date			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	15,000.52	\$	15,	000.52	20. Contributions Received \$	\$			
4. Nonmonetary Contributions Schedule C, Line 3		1,104.07		1,	104.07	21. Expenditures	V			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	16,104.59	\$	16,	104.59	Made \$	\$			
Expenditures Made         6. Payments Made         Schedule E, Line 4	\$	6,005.01	\$	б,	005.01	Expenditure Limit S Candidates	Summary for State			
7. Loans Made Schedule H, Line 3		0.00			0.00					
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	6,005.01	\$	6,	005.01		ve Expenditures Made* • Voluntary Expenditure Limit)			
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		993.03			993.03	Date of Election	Total to Date			
10. Nonmonetary Adjustment Schedule C, Line 3		1,104.07		1,	104.07	(mm/dd/yy)				
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	8,102.11	\$	8,	102.11	///////	\$			
Current Cash Statement						///	\$			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	Тс	o calculate Colu	mn B, add					
13. Cash Receipts Column A, Line 3 above		15,000.52		mounts in Colum						
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of	f your last	*Amounts in this section n reported in Column B.	nay be different from amounts			
15. Cash Payments Column A, Line 8 above		6,005.01		port. Some am olumn A may be						
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	8,995.51	fiç	gures that shoul	d be					
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from period amounts. e first report be	If this is					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar arry over the an	year, only					
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, a ny).						
18. Cash Equivalents See instructions on reverse	\$	0.00	a	'y/·						
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	993.03								
-			1			l	FPPC Form 460 (Jan/2016			

Schedule	Α						SCHEDULE A	
	Contributions Received		ts may be rounded whole dollars.	Statement cover	-	CALIFORNIA FORM 460		
SEE INSTRUCTIO	DNS ON REVERSE			through	020	Page .	of28	
NAME OF FILER						I.D. NU	MBER	
Brunner for	Santa Cruz City Council 2020					14272	62	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/22/2020	Cindy Bernard Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Retired Retired	208.00		208.00		
07/22/2020	Emily Bolton Santa Clara, CA 95051	IND     COM     OTH     PTY     SCC	Teacher Santa Clara Unified School District	208.00		208.00		
07/22/2020	Krista and Peter Cook Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Realtor Lighthouse Realty	-119.52		400.00		
07/22/2020	Krista and Peter Cook Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Realtor Lighthouse Realty	519.52		400.00		
07/22/2020	Casey Coonerty Protti Santa Cruz, CA 95060	IND □COM □OTH □PTY □SCC	Owner Bookshop Santa Cruz	208.00		208.00		
			SUBTOTAL \$	1,024.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	11,768.16	IND -	•		
	eceived this period – unitemized monetary contributions	s of less than	\$100\$	3,232.36	PTY	– Other ( – Political	e.g., business entity) Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.	) <b>TOTAL \$</b>	15,000.52		– small C	ontributor Committee	

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

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole (		Statement cove		SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through 09/19/	2020	•	<u>5</u> of <u>28</u>	
NAME OF FILER						I.D. NUME	ER	
Brunner for	Santa Cruz City Council 2020	I				1427262		
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/22/2020	Linnaea Holgers James Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Store owner Artisans & agency	104.15	1	04.15		
07/22/2020	Pete Kennedy Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	Green Building Professional Bright Green Strategies, Inc.	104.15	1	04.15		
07/22/2020	Hollie Locatelli CA, CA 95060	IND     COM     OTH     PTY     SCC	Bookkeeper Self Employed	100.00	1	00.00		
07/22/2020	Megan Prandini Santa Cruz, CA 95060	IND □COM □OTH □PTY □SCC	Cultivation Administrator Purple Lotus Patient Center	200.00	2	00.00		
07/22/2020	Kathy Runyon Santa Cruz, CA 95062	∑ IND □ COM □ OTH □ PTY □ SCC	Realtor Monterey Bay Properties	104.15	1	04.15		
			SUBTOTAL	612.45				

\*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			be rounded dollars.	Statement cove from01/01/ through09/19/	2020	SCHEDULE A (CONT CALIFORNIA FORM 460 Page 6 of 28		
NAME OF FILER						I.D. NUM	BER	
Brunner for	Santa Cruz City Council 2020					142726	2	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/22/2020	Alan Savat Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	Host Downtown Association	52.23		.04.46		
07/22/2020	Fatima Stevenson Scotts Valley, CA 95066	⊠IND □COM □OTH □PTY □SCC	Registered Dietitian Gardner Health Services	104.15	1	.04.15		
07/22/2020	Teresa Swart Scotts Valley, CA 95066-4114	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief of Staff Google	208.00	2	208.00		
07/23/2020	Elicia Hammond Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Dental Hygienist Cabrillo College	104.15	]	.04.15		
07/23/2020	David Plumlee Santa Cruz, CA 95060	XIND COM OTH PTY SCC	unemployed unemployed	104.15	]	.04.15		
			SUBTOTAL	<b>\$</b> 572.68				

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cove	•			
				through09/19/	2020	Page	7 of <u>28</u>	
NAME OF FILER						I.D. NUM	BER	
Brunner for S	Santa Cruz City Council 2020					142726	2	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
07/23/2020	Meredith Poteran Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Care Coordination Social Work Dignity Health - Dominican Hospital	26.27	1	.14.42		
07/23/2020	Robert Stone Santa Cruz, CA 95060	∑IND COM OTH PTY SCC	retired none	100.00	3	300.00		
07/24/2020	Coonerty for County Supervisor 2014 (ID# 1360850) Santa Cruz, CA 95060	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		250.00	2	250.00		
07/24/2020	Cynthia Mathews Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	councilmember city of santa cruz	259.92	2	259.92		
07/24/2020	Robert Orrizzi Santa Cruz, CA 95062	X IND COM OTH PTY SCC	unemployed unemployed	250.00	2	250.00		
			SUBTOTAL \$	886.19				

\*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 (CONT.)

AME OF FILER		Amounts may to whole o		Statement cove from01/01/ through09/19/	<sup>7</sup> 2020 Pa	SCHEDULE A (COR ALIFORNIA FORM 46( age 8 of 28
runner for Sa	nta Cruz City Council 2020				14	27262
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
s	Maggie Duncan-Merrell Santa Cruz, CA 95060	⊠ IND □ COM □ OTH □ PTY □ SCC	Landscape Designer Self	156.07	156.	
	Al Ramadan Santa Cruz, CA 95060	⊠ IND □ COM □ OTH □ PTY □ SCC	Category Designer Play Bigger	259.92	259.	92
	Rebecca Acosta Santa Cruz, CA 95062	IND     COM     OTH     PTY     SCC     SCC     SCC     SCC     SCC     SCC	Manager Santa Cruz Coffee	104.15	104.	15
	David Stevenson Scotts Valley, CA 95066	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Landscape contractor Self Employed	104.15	104.	15
	Dwen Lawlor Santa Cruz, CA 95060	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Self Employed	103.12	103.	12
i			SUBTOTAL	\$ 727.41		

\*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)

Schedule A (Continuation Sheet) Monetary Contributions Received					ers period	SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through 09/19/	2020	Page	_9 of	
NAME OF FILER						I.D. NUME	BER	
Brunner for Santa	Cruz City Council 2020				1	1427262	2	
DATE FULL RECEIVED	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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Santa	Farrell a Cruz, CA 95062	X IND COM OTH PTY SCC	unemployed unemployed	208.00	2	08.00		
	Friend tola, CA 95010	⊠IND □COM □OTH □PTY □SCC	County Supervisor County of Santa Cruz	100.00	1	00.00		
	rt Singleton a Cruz, CA 95060	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Santa Cruz County Business Council	208.00	2	08.00		
	d Terrazas a Cruz, CA 95060	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Brereton Law Office APC	130.11	1	30.11		
	en Helick s, CA 95003	IND COM OTH PTY SCC	CRE Agent Cushman & Wakefield	104.15	1	04.15		
			SUBTOTAL \$	750.26				

\*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) Nonetary Contributions Received					ers period	2020 FORM		
				through _	09/19/	/2020	•	<u>10</u> of <u>28</u>	
NAME OF FILER							I.D. NUN	1BER	
Brunner for S	Santa Cruz City Council 2020		Ι	1			142726	52	
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)	AMOL RECEIVE PERIO	D THIS	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
08/11/2020	Patrick Reilly Aptos, CA 95003	∑IND COM OTH PTY SCC	Attorney PTR Law Corp		400.00	2	400.00		
08/11/2020	Kathleen Tuite Santa Cruz, CA 95060	∑IND COM OTH PTY SCC	unemployed unemployed		400.00		100.00		
08/11/2020	Patty Zoccoli Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Owner Zoccoli's Deli		104.15	3	.04.15		
08/12/2020	Deidre Hamilton Santa Cruz, CA 95062	⊠ IND □ COM □ OTH □ PTY □ SCC	Land Use Consultant Self Employed		104.15	1	.04.15		
08/13/2020	Sara Puhl 1105 N Branciforte Ave, CA 95062	IND COM OTH PTY SCC	Payroll UCSC		102.35	3	.02.35		
			SUBTOTAL	<b>\$</b> 1	,110.65				

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SCHEDULE A (CONT.)

Ame of filer		Amounts may to whole		Statement cover from01/01/ through09/19/	<sup>7</sup> 2020 F	SCHEDULE A (CO CALIFORNIA FORM 46 Page 11 of 28 I.D. NUMBER
er for Sa	anta Cruz City Council 2020		1	1		1427262
DATE CEIVED	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	R TO DATE
4/2020	Brad Brereton SANTA CRUZ, CA 95060	IND COM OTH PTY SCC	Attorney Brereton Law Office	400.00	400	0.00
4/2020	Alan Savat Santa Cruz, CA 95060	IND COM OTH PTY SCC	Host Downtown Association	52.23	104	1.46
5/2020	Scott Strand Scotts Valley, CA 95066	X IND COM OTH PTY SCC	Director of Projects & Customer Experience EPIC Workshop	52.23	104	1.46
7/2020	Lisa Ortiz Santa Cruz, CA 95060	IND □COM □OTH □PTY □SCC	unemployed unemployed	400.00	400	0.00
2/2020	Brian Peterson Santa Cruz, CA 95062	X IND COM OTH PTY SCC	Mechanical Engineer SnapNrack	104.15	104	1.15
2/2020		□COM □OTH □PTY		\$	104.15	

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Schedule A (Continuation Sheet)

	chedule A (Continuation Sheet) onetary Contributions Received					Statement cove	ers period			
				through 09/19/	2020	Page	<u>12</u> of <u>28</u>			
NAME OF FILER						I.D. NUMB	ER			
Brunner for	Santa Cruz City Council 2020					1427262				
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)			
08/24/2020	Charles Dixon Santa Cruz, CA 95062	IND     COM     OTH     PTY     SCC	Retired Retired	120.00	12	20.00				
08/24/2020	Donna Meyers for Santa Cruz City Council 2018 (ID# 1406545) Santa Cruz, CA 95060	□IND X COM OTH PTY SCC		150.00	15	50.00				
08/24/2020	Meredith Poteran Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	Care Coordination Social Work Dignity Health - Dominican Hospital	26.27	1:	14.42				
08/24/2020	Renee Golder for City Council 2020 (ID# 1423339) Santa Cruz, CA 95060	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		100.00	10	00.00				
08/26/2020	Roberta Hunter Santa Cruz, CA 95060	IND COM OTH PTY SCC	Financial Advisor WaveCrest Wealth Management	156.07	15	56.07				
			SUBTOTAL	552.34						

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SCHEDULE A (CONT.)

AME OF FILER		Amounts may to whole o		Statement cover from01/01/ through09/19/	<sup>7</sup> 2020 F	SCHEDULE A (CO CALIFORNIA FORM 46 Page 13 of 28 I.D. NUMBER
runner for S	Santa Cruz City Council 2020				1	1427262
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 TO DATE 1) (IF REQUIRED)
09/03/2020	Ken Carlson Santa Cruz, CA 95061	⊠ IND □ COM □ OTH □ PTY □ SCC	Real Estate Self Employed	394.91	394	1.91
09/03/2020	Mark Mesiti-Miller Santa Cruz, CA 95060	⊠IND □COM □OTH □PTY □SCC	unemployed unemployed	208.00	208	3.00
09/03/2020	Donna Murphy Santa Cruz, CA 95060	⊠ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	208.00	208	3.00
09/03/2020	Stacy Nagel Scotts Valley, CA 95066	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Manager Google	104.15	104	1.15
09/06/2020	David Green Baskin Santa Cruz, CA 95060	⊠ IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	200.00	200	0.00
			SUBTOTAL	\$ 1,115.06		

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Schedule A (Continuation Sheet)

SCHEDULE A (CONT.)

AME OF FILER runner for Santa Cruz City Council 2020		to whole dollars.			ALIFORNIA FORM 46
-	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	1 CUMULATIVE TO DA CALENDAR YEAF (JAN. 1 - DEC. 31	R TO DATE
Chip and Abra Allan Boulder, CO 80302-5816	IND     COM     OTH     PTY     SCC	CEO Downtown Boulder Partnership	259.92	259	.92
John & Linda Burroughs Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	unemployed unemployed	259.92	259	.92
Susan and Stephen Karon Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	real estate sales and property management Self Employed	104.15	104	.15
Manuel Prado Santa Cruz, CA 95060	∑ IND □ COM □ OTH □ PTY □ SCC	CEO Viva Transcription	400.00	400	.00
Michael Velasquez New York, NY 10003	∑IND □ COM □ OTH □ PTY □ SCC	unemployed unemployed	259.92	259	.92
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)         Chip and Abra Allan Boulder, CO 80302-5816         John & Linda Burroughs Santa Cruz, CA 95060         Susan and Stephen Karon Santa Cruz, CA 95060         Manuel Prado Santa Cruz, CA 95060         Manuel Prado Santa Cruz, CA 95060         Michael Velasquez	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERID.NUMBER)       CONTRIBUTOR CODE *         Chip and Abra Allan Boulder, CO 80302-5816       IND         DOTH       DTH         PTY       SCC         John & Linda Burroughs Santa Cruz, CA 95060       IND         Susan and Stephen Karon Santa Cruz, CA 95060       IND         Susan and Stephen Karon Santa Cruz, CA 95060       IND         Manuel Prado Santa Cruz, CA 95060       SIND         Manuel Prado Santa Cruz, CA 95060       IND         Manuel Prado Santa Cruz, CA 95060       IND         Manuel Velasquez New York, NY 10003       IND	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)       CONTRIBUTOR CODE *       IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)         Chip and Abra Allan Boulder, CO 80302-5816       IND OTH PTY       CEO Downtown Boulder Partnership         John & Linda Burroughs Santa Cruz, CA 95060       IND COM OTH PTY       unemployed unemployed UND COM OTH PTY         Susan and Stephen Karon Santa Cruz, CA 95060       IND COM OTH PTY       real estate sales and property management Self Employed         Manuel Prado Santa Cruz, CA 95060       IND COM OTH PTY       CEO Viva Transcription         Michael Velasquez New York, NY 10003       IND OTH PTY       unemployed unemployed UND OTH	Santa Cruz City Council 2020         FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#COMMTTEE, ALSO ENTER ID. NUMBER)       CONTRIBUTOR CODE *       IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#SELF.#RUCYDE, DITER NAME OF BUSINESS)       AMOUNT RECEIVED THIS PERIOD         Chip and Abra Allan Boulder, CO 80302-5816       IND OTH PTY       ISCO SCC       CED Downtown Boulder Partnership       259.92         John & Linda Burroughs Santa Cruz, CA 95060       IND OTH PTY       Inemployed SCC       259.92         Susan and Stephen Karon Santa Cruz, CA 95060       IND COM COM DTH PTY       real estate sales and property management Self Employed       104.15         Manuel Prado Santa Cruz, CA 95060       IND COM COM DTH PTY       CEO COM COM DTH PTY       259.92         Manuel Prado Santa Cruz, CA 95060       IND COM COM DTH PTY       CEO COM DTH PTY       400.00         Manuel Prado Santa Cruz, CA 95060       IND COM PTH       CEO POWNTOWN PTY       259.92         Michael Velasquez New York, NY 10003       IND PTY       Unemployed PTY       259.92	Imm

\*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)

	edule A (Continuation Sheet) netary Contributions Received					SCHEDULE A (CONT CALIFORNIA 460 FORM		
NAME OF FILER				through09/19/		I.D. NUM	<u>15</u> of <u>28</u>	
	Santa Cruz City Council 2020					142726		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/12/2020	Germaine Akin Santa Cruz, CA 95060	X IND COM OTH PTY SCC	unemployed unemployed	400.00	4	00.00		
09/12/2020	Sherri Allen Santa Cruz, CA 95060	IND     COM     OTH     PTY     SCC	PA Self Employed	259.92	2	59.92		
09/13/2020	Lindsay Hickman Jacksonville, NC 28540	IND     COM     OTH     PTY     SCC	Sales Lowes	104.15	1	04.15		
09/14/2020	Dana Pierce Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Admin mgr UCSC	104.15	1	04.15		
09/15/2020	Scott Strand Scotts Valley, CA 95066	X IND COM OTH PTY SCC	Director of Projects & Customer Experience EPIC Workshop	52.23	1	04.46		
			SUBTOTAL	<b>\$</b> 920.45				

\*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 (CONT.)

ntr	City Council 2020		Statement cover from01/01/ through09/19/	CALIFORNIA 2020 FORM		<u>16</u> of <u>28</u> IBER
	STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAM OF BUSINESS)	YER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
	In Clifton-Doolin Iz, CA 95062 IDTH PTY SCC ICON Consultant Clifton-Doolin Consult Clifton-Doolin Consult Clifton-Doolin Consult	ting.	104.15			
	Az, CA 95060		100.00	1	00.00	
	A Campriello AZ, CA 95062 COM OTH PTY SCC Life Sciences Sustainability Special Ingenium	alist	400.00	4	00.00	
	Cone IZ, CA 95060 COM OTH PTY SCC COM COM I SCC I SCC		200.00	3	00.00	
	Prado IZ, CA 95060 XIND COM OTH PTY SCC Attorney Google Google COM COTH		400.00	4	.00.00	
	IZ, CA 95060	DTAL \$				

\*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)

# Schedule C

Nonmonetary Contributions Received	from 01/01/2020				CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				unougn			
						I.D. NUMBE	R
Brunner for Santa Cruz City Council 2020						1427262	
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/ GOODS OR SERVICES VALUE CALENDAR YE (JAN 1 - DEC 3		TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
06/15/2020 Meredith Poteran Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Care Coordination Social Work Dignity Health - Dominican Hospital	domain name registration	61.8	38	114.42	
07/09/2020 Shiri Gradek Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Realtor UNKNOWN	Wix Website	102.0	00	993.03	
09/18/2020 Shiri Gradek Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Realtor UNKNOWN	Community Print 4x4 signs	ers 579.(	03	993.03	
09/18/2020 Shiri Gradek Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Realtor UNKNOWN	USPS	169.0	00	993.03	
Attach additional information on appropriately lab	peled continuat	ion sheets.	SUBTOT	<b>FAL \$</b> 911.9	1		

Schedule C Summary	*Contributor Codes
1. Amount received this period – itemized nonmonetary contributions.	IND – Individual
(Include all Schedule C subtotals.)	COM – Recipient Committee
	(other than PTY or SCC)
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$\$	OTH – Other (e.g., business entity)
	PTY – Political Party
<ol><li>Total nonmonetary contributions received this period.</li></ol>	SCC – Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$1,104.07	

# Schedule C (Continuation Sheet)

### SCHEDULE C (CONT.)

Nonmo	netary Contributions Received		Amounts may be rounded to whole dollars.		Stat	tement covers p		CALIFORNIA FORM		60
SEE INSTRUC	TIONS ON REVERSE				throug	h09/19/202	20	Page	<u>18</u> of <u>28</u>	3
NAME OF FILE				I				I.D. NUMB	ER	
Brunner f	or Santa Cruz City Council 2020							1427262	2	
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	CUMULA DA CALENDA (JAN 1 - I	TE AR YEAR	PER ELEC TO DAT (IF REQUI	E
09/19/2020	Shiri Gradek Santa Cruz, CA 95060	∑IND □COM □OTH □PTY □SCC	Realtor UNKNOWN	USPS		143.00		993.03		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ac	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	143.00	-			

Schedule E	Amounts may be rounded to whole dollars.	Statement covers period		CALIFORNIA 460	
Payments Made		from	01/01/2020	FORM	400
SEE INSTRUCTIONS ON REVERSE		through _	09/19/2020	Page o	f <u>28</u>
NAME OF FILER				I.D. NUMBER	
Brunner for Santa Cruz City Council 2020				1427262	

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
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*		<b>o</b> 11	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 O (IF COMMITTEE, ALSO ENTER I.I		OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	151.01
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	36.12
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	45.46
* Payments that are contributions or independent	nt expenditures must also be summarized or	n Schedule D.	<b>SUBTOTAL\$</b> 232.59

# Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	4,264.84
2. Unitemized payments made this period of under \$100 \$	1,740.17
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.)	6,005.01

Schedule E			SCHEDULE E (CONT.)			
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	to whole dollars.	from01/01/2020	FORM 400			
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page20 of28			
NAME OF FILER			I.D. NUMBER			
Brunner for Santa Cruz City Council 2020			1427262			
CODES: If one of the following codes accura	ately describes the payment, you may enter the code	e. Otherwise, describe the payment				
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	6			

MIG	meetings and appear
OFC	office expenses
PET	petition circulating

PET PHO phone banks

POL polling and survey research

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting) PRT print ads
- TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

- VOT voter registration
  - 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
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	4.65
	OFC	Donation Collection Fees	7.43
Kai Golden Felton, CA 95018	PRO	INTERN FEE	110.00
	OFC	Donation Collection Fees	2.59
	OFC	Donation Collection Fees	12.04
* Desimente that are contributione on indexe adapt are and its measured also be assured			

SUBTOTAL \$ 136.71

CVC civic donations

LEG legal defense

candidate filing/ballot fees

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

fundraising events

FIL

FND

IND

LIT

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/01/2020	FORM <b>TOO</b>
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page of8
NAME OF FILER			I.D. NUMBER
Brunner for Santa Cruz City Council 2020			1427262
CODES: If one of the following codes accurate	ately describes the payment, you may enter the code	. Otherwise, describe the payment	t.
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and productio RFD returned contributions	n costs

OFC office expenses

PHO phone banks

POL

PET petition circulating

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

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		DE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe UNKNOWN, UNKNOWN	OF	C Donation	Collection Fees	2.50
Community Printers Santa Cruz, CA 95062	PR	T Yard Sign	ns	2,289.83
Stripe UNKNOWN, UNKNOWN	OF	C Donation	Collection Fees	4.7(
	OF	C Donation	Collection Fees	2.59
Stripe UNKNOWN, UNKNOWN	OF	C Donation	Collection Fees	19.21

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

**SUBTOTAL \$** 2,318.83

SAL campaign workers' salaries

VOT voter registration

TEL t.v. or cable airtime and production costs

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals

CTB contribution (explain nonmonetary)\*

independent expenditure supporting/opposing others (explain)\*

candidate filing/ballot fees

fundraising events

CVC civic donations

LEG legal defense

FIL

FND

IND

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/01/2020	FORM <b>TOO</b>
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page2 of8
NAME OF FILER		L	I.D. NUMBER
Brunner for Santa Cruz City Council 2020			1427262
CODES: If one of the following codes accurate	tely describes the payment, you may enter the code	e. Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	5

in O	meetings und up
OFC	office expenses
DET	netition circulating

petition circulating PEI PHO phone banks

polling and survey research POL

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting) PRT print ads
- staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration
- WEB information technology costs (internet, e-mail)

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	52.19
Stripe UNKNOWN, UNKNOWN	OFC	Donation Collection Fees	7.77
USPS Santa Cruz, CA 95060	POS	Stamps	22.00
	OFC	Donation Collection Fees	4.88
	OFC	Donation Collection Fees	28.26

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

SUBTOTAL \$ 115.10

CVC civic donations

LEG legal defense

candidate filing/ballot fees

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

fundraising events

FIL

FND

IND

LIT

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page of8
NAME OF FILER	I.D. NUMBER		
Brunner for Santa Cruz City Council 2020			1427262
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code	e. Otherwise, describe the payment.	
CMPcampaign paraphernalia/misc.CNScampaign consultantsCTBcontribution (explain nonmonetary)*CVCcivic donations	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro	

PHO phone banks

PRT print ads

POL polling and survey research

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)

LEG legal defense LIT campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

candidate filing/ballot fees

fundraising events

FIL

FND

IND

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS Santa Cruz, CA 95060		POS	Stamps	55.00
Stripe UNKNOWN, UNKNOWN		OFC	Donation Collection Fees	24.53
Stripe UNKNOWN, UNKNOWN		OFC	Donation Collection Fees	2.36
USPS Santa Cruz, CA 95060		POS	Stamps	318.45
Laura Jones Mermedia Santa Cruz, CA 95060		PRO	Graphic Design	503.75
* Payments that are contribu	utions or independent expenditures must also be summa	arized on Schedule D.		JBTOTAL \$ 904.09

TRCcandidate travel, lodging, and mealsTRSstaff/spouse travel, lodging, and mealsTSFtransfer between committees of the same candidate/sponsor

VOT voter registration WEB information technology costs (internet, e-mail)

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE		from01/01/2020 through09/19/2020	Page24 of28		
NAME OF FILER Brunner for Santa Cruz City Council 2020			I.D. NUMBER 1427262		
CODES: If one of the following codes accura	ately describes the payment, you may enter the code	e. Otherwise, describe the payment			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries			

	mooungo ana app
OFC	office expenses
PET	petition circulating

PHO phone banks

polling and survey research POL

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting) PRT print ads
- TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals

- VOT voter registration
  - WEB information technology costs (internet, e-mail)

TEL t.v. or cable airtime and production costs

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SENTINEL PRINTERS Santa Cruz, CA 95060	LIT	Remit envelopers	245.81
	OFC	Donation Collection Fees	4.77
	OFC	Donation Collection Fees	7.17
	OFC	Donation Collection Fees	3.74
	OFC	Donation Collection Fees	10.73
* Douments that are contributions or independent expenditures must also be a			

SUBIDIAL \$ 272.22

CVC civic donations

LEG legal defense

candidate filing/ballot fees

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

fundraising events

FIL

FND

IND

LIT

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers period	
Payments Made to whole dollars.	•	from01/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page of8
NAME OF FILER	I.D. NUMBER		
Brunner for Santa Cruz City Council 2020			1427262
CODES: If one of the following codes accurate	ately describes the payment, you may enter the cod	e. Otherwise, describe the payment	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n 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 pro	DOUCTION COSIS

independent expenditure supporting/opposing others (explain)\*

PHO phone banks POL polling and survey research

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)

LEG legal defense LIT campaign literature and mailings

candidate filing/ballot fees

fundraising events

FIL

FND IND

PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
UPS Santa Cruz	z, CA 95062	OFC	PO Box	111.00
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	4.66
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	26.37
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	17.67
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	9.10
* Des um est ( - )		······		

**SUBTOTAL \$** 168.80

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page26 of28
NAME OF FILER			I.D. NUMBER
Brunner for Santa Cruz City Council 2020			1427262
CODES: If one of the following codes accurate	ately describes the payment, you may enter the code	e. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	

postage, delivery and messenger services

professional services (legal, accounting)

PRT print ads

CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research

FND	fundraising events	POL
IND	independent expenditure supporting/opposing others (explain)*	POS
LEG	legal defense	PRO

campaign literature and mailings LIT

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
  - 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
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	23.48
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	83.14
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	5.18
Stripe UNKNOWN,	UNKNOWN	OFC	Donation Collection Fees	4.70
* Payments	that are contributions or independent expenditures must also be	summarized on Schedule I	).	SUBTOTAL \$ 116.50

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove from01/01/2 through09/19/2	2020	CALIF FOI	RM	<b>460</b>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					-		·
					I.D. NUME	SER	
Brunner for Santa Cruz City Council 2020					142726	2	
CODES:If one of the following codes accurately describeCMPcampaign paraphernalia/misc.CNScampaign consultantsCTBcontribution (explain nonmonetary)*CVCcivic donationsFILcandidate filing/ballot feesFNDfundraising eventsINDindependent expenditure supporting/opposing others (explain)*LEGlegal defenseLITcampaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services ( PRT print ads	nces nces earch messenger services	herwise, describe th RAD radio airtime an RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic WEB information tech	d production co outions ers' salaries ime and produc I, lodging, and n vel, lodging, an en committees con	ction costs neals d meals of the sam		e/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	<b>(c)</b> AMOUNT P/ THIS PERIO (ALSO REPORT	DC	OUTST	<b>1)</b> ANDING AT CLOSE PERIOD
Shiri Gradek Santa Cruz, CA 95060	POS USPS reimbursement	0.00	169.00		0.00		169.00
Shiri Gradek Santa Cruz, CA 95060	POS USPS reimbursement	0.00	143.00		0.00		143.00
Shiri Gradek Santa Cruz, CA 95060	PRT Community Printers Reimbursement	0.00	579.03		0.00		579.03
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>5</b> 0.00 <b>\$</b>	891.03 <b>\$</b>	;	0.00\$		891.03
<ol> <li>Schedule F Summary</li> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized</li> <li>Total accrued expenses paid this period. (Include all Scheduler)</li> </ol>	accrued expenses under \$	\$100.)	INCU	RRED TOTA	LS \$		993.03
accrued expenses of \$100 or more, plus total unitemized	payments on accrued exp	enses under \$100.).		PAID TOTA	LS \$		0.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				N		y be a negative	993.03 e number

#### SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2020	CALIFORNIA FORM 460
		through09/19/2020	Page
NAME OF FILER			I.D. NUMBER
Brunner for Santa Cruz City Council 2020			1427262

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- independent expenditure supporting/opposing others (explain)\* IND

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

- legal defense LEG
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	<b>(a)</b> OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	<b>(b)</b> AMOUNT INCURRED THIS PERIOD	<b>(C)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Shiri Gradek Santa Cruz, CA 95060	WEB Wix Website Reimbursement	0.00	102.00	0.00	102.00
SUBTOTALS \$         0.00\$         102.00\$         0.00\$					\$ 102.00