

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp CITY OF CITY CLERK 2016 NOV -2 PM 1:41	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>7</u> For Official Use Only

Statement covers period from <u>Sept 25th, 2016</u> through <u>Oct 22, 2016</u>	Date of election if applicable: (Month, Day, Year) <u>Nov. 8th, 2016</u>
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="radio"/> State Candidate Election Committee  <input type="radio"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee  <input type="radio"/> Sponsored  <input type="radio"/> Small Contributor Committee  <input type="radio"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="radio"/> Controlled  <input type="radio"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Preelection Statement  <input type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <small>(Also file a Form 410 Termination)</small>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER <u>1391026</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Dave Haws for City Council 2016</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>6166 Barrington Dr</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Goleta</u></td> <td><u>CA</u></td> <td><u>93117</u></td> <td><u>805-757-6492</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Goleta</u>	<u>CA</u>	<u>93117</u>	<u>805-757-6492</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE					<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>Dave Haws</u></p> <p>MAILING ADDRESS <u>6166 Barrington Dr</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Goleta</u></td> <td><u>CA</u></td> <td><u>93117</u></td> <td><u>805-757-6492</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Goleta</u>	<u>CA</u>	<u>93117</u>	<u>805-757-6492</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>10/29/2016</u> Date	By <u>Dave Haws</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>10/29/2016</u> Date	By <u>Dave Haws</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Dave Haws

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

6166 Barrington Dr Goleta CA 93117

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Sept 25th, 2016</u> through <u>Oct 22, 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>7</u>
NAME OF FILER <u>Dave Haws</u>	I.D. NUMBER <u>1391026</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dave Haws

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>560</u>	\$ <u>1320</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>560</u>	\$ <u>1320</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>560</u>	\$ <u>1320</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>1180.89</u>	\$ <u>1180.89</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>1180.89</u>	\$ <u>1180.89</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1180.89</u>	\$ <u>1180.89</u>

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>760</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>560</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>1180.89</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>139.11</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>Sept 25th, 2016</u> through <u>Oct 22, 2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>7</u>		
I.D. NUMBER 1391026		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave Haws

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)
9/26/2016	Bill Golgert 215 Pesetas Ln Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor Cottage Hospital	\$50	\$50	
9/27/2016	Dan Haws 935 N Linder Rd Kuna, ID 83634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Kuna Dental	\$100	\$100	
9/28/2016	Michael Woodard 3938 State St. Santa Barbara, CA 93105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Coldwell Banker	\$100	\$100	
9/30/2016	Krystle Minette 559 S. Dickel St. Anaheim, CA 92805	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$50	\$50	
10/3/2016	Joanne Stoltz 621 Ricardo Ave Santa Barbara, CA 93109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Coldwell Banker	\$50	\$50	
<b>SUBTOTAL \$</b>				<b>350</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	<u>560</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	<u>0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<u>560</u>

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Sept 25th, 2016</u> through <u>Oct 22, 2016</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>7</u>		
NAME OF FILER <b>Dave Haws</b>		I.D. NUMBER <b>1391026</b>

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)
10/3/2016	Daniel Donati 16101 Sandra Ln Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trade Show Sales Freelance (no steady employer)	\$100	\$100	
10/7/2016	Gary Vandeman 250 Salisbury Ave Goleta, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$60	\$60	
10/11/2016	Jennifer Bernstein 190 San Milano Dr Goleta, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	unemployed	\$50	\$50	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>210</b>		

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Sept 25th, 2016	
through	Oct 22, 2016	Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Dave Haws		1391026

SEE INSTRUCTIONS ON REVERSE

**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
Nicole Haws 6166 Barrington Dr. Goleta, CA 93117		Reimbursement for banners and lawn signs	\$797.02
Nicole Haws 6166 Barrington Dr. Goleta, CA 93117		Reimbursement for website costs	\$120
Pumpflix 101 W. Carrillo St. Santa Barbara, CA 93101	TEL		\$150

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

**SUBTOTAL \$ 1067.02**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1180.89
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 1180.89</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>Sept 25th, 2016</u> through <u>Oct 22, 2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER 1391026

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dave Haws

**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
USPS 130 S. Patterson Goleta, CA 93117	LIT			\$113.87

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

**SUBTOTAL \$ 113.87**