Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/18
through 6/30/18

Date of election if applicable:
(Month, Day, Year)
11/6/18

CITY OF SCOTTS VALLEY

1. Type of Recipient Committee:
   - All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored (Also Complete Part 5)
   - Primarily Formed Candidate/Officeholder Committee
   - (Also Complete Part 7)

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Termination Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Amendment (Explain below)

3. Committee Information
   I.D. NUMBER 1294526
   Re-elect Jim Reed for City Council 2018
   STREET ADDRESS (NO P.O. BOX)
   CITY Scotts Valley
   STATE CA
   ZIP CODE 95066
   AREA CODE/PHONE 831-704-4993

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 7/30/18
   Date
   By
   signature

   Executed on 7/30/18
   Date
   By
   signature

   Executed on
   Date
   By
   signature

   Executed on
   Date
   By
   signature

Treasurer(s)
   NAME OF TREASURER
   Jim Reed
   Mailing Address
   CITY Scotts Valley
   STATE CA
   ZIP CODE 95066
   AREA CODE/PHONE 831-704-4993

   NAME OF ASSISTANT TREASURER, IF ANY

   Mailing Address

   City
   State
   ZIP Code
   Area Code/Phone

   Optional: Fax / Email Address

   Optional: Fax / Email Address

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5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Jim Reed</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Councilmember, Scotts Valley, CA</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Scotts Valley, CA</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP</td>
<td>95066</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
<tr>
<td>OPPOSE</td>
</tr>
<tr>
<td>Identify the controlling officeholder, candidate, or state measure proponent, if any.</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</td>
</tr>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

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 |
| OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT |
| OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT |
| OPPOSE |

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A TOTAL FOR PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B TOTAL FOR YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$891</td>
<td>$891</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$891</td>
<td>$891</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$891</td>
<td>$891</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$71</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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).

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
</table>

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

Date of Election (mm/dd/yy) Total to Date

/ / $ |

*Amounts in this section may be different from amounts reported in Column B.*
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 0
2. Amount received this period – unitemized monetary contributions of less than $100 .......... $ 891
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 891

*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

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### Schedule E Payments Made

**NAME OF FILER**

**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
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- 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 PAYEE

**(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $ 0
2. Unitemized payments made this period of under $100 ............................................................... $ 50
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.) ........................................ TOTAL $ 50

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