Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 7/1/19
through 12/31/19

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

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
- [x] Officerholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  (Also Complete Part 5)
- [ ] General Purpose Committee
  [ ] Sponsored
  [ ] Small Contributor Committee
  [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  [ ] Controlled
  [ ] Sponsored
  (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)
- [ ] Quarterly Statement
- [x] Semi-annual Statement
- [x] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain below)

3. Committee Information
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-elect Jim Reed for City Council Committee 2018

STREET ADDRESS (NO P.O. BOX)

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
831-461-0222

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
831-461-0222

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

MAILING ADDRESS

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
831-461-0222

MAILING ADDRESS

CITY
Scotts Valley
STATE
CA
ZIP CODE
95066
AREA CODE/PHONE
831-461-0222

OPTIONAL: FAX / E-MAIL ADDRESS

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 1/31/20
Date

By
Signature of Treasurer or Assistant Treasurer

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPCC Form 460 (Jan/2016)
FPCCAdvice: advice@fppc.ca.gov (866/275-3772)
5. **Officeholder or Candidate Controlled Committee**

   NAME OF OFFICEHOLDER OR CANDIDATE  
   Jim Reed
   
   OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
   City Councilmember, City of Scotts Valley

   RESIDENTIAL/BUSINESS ADDRESS  (NO. AND STREET)  CITY  STATE  ZIP
   [Redacted]  Scotts Valley CA 95066

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

   COMMITTEE NAME  I.D. NUMBER

   NAME OF TREASURER  CONTROLLED COMMITTEE?  YES  NO

   COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)

   CITY  STATE  ZIP CODE  AREA CODE/PHONE

6. **Primarily Formed Ballot Measure Committee**

   NAME OF BALLOT MEASURE

   BALLOT NO. OR LETTER  JURISDICTION

   [Box to select: SUPPORT  OPPOSE]

   Identify the controlling officeholder, candidate, or state measure proponent, if any.

   NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

   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

   [Box to select: SUPPORT  OPPOSE]

   NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

   [Box to select: SUPPORT  OPPOSE]

   NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

   [Box to select: SUPPORT  OPPOSE]

   NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD

   [Box to select: SUPPORT  OPPOSE]

   Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ __________ $ 95
2. Loans Received .................................................. Schedule B, Line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS .. Add Lines 1 + 2 $ 95 $ 395
4. Nonmonetary Contributions .. Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED .. Add Lines 3 + 4 $ 95 $ 395

## Expenditures Made

6. Payments Made .......................................................... Schedule E, Line 4 $ 0 $ 0
7. Loans Made .............................................................. Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS .. Add Lines 6 + 7 $ 0 $ 0
9. Accrued Expenses (Unpaid Bills) ................... Schedule F, Line 3 ................. 535 $ 535
10. Nonmonetary Adjustment .. Schedule C, Line 3 $ 0 $ 0
11. TOTAL EXPENDITURES MADE .. Add Lines 8 * 9 + 10 $ 535 $ 535

## Current Cash Statement

12. Beginning Cash Balance .................. Previous Summary Page, Line 16 $ 301 $ 301
13. Cash Receipts ........................................ Column A, Line 3 above $ 95 $ 95
14. Miscellaneous Increases to Cash ........................................ Schedule I, Line 4 $ 0 $ 0
15. Cash Payments ........................................ Column A, Line 8 above $ 0 $ 0
16. ENDING CASH BALANCE .. Add Lines 12 + 13 + 14, then subtract Line 15 $ 396 $ 396

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED ........ Schedule B, Part 2 $ 0 $ 0
18. Cash Equivalents ........................................ See instructions on reverse $ 0 $ 0
19. Outstanding Debts ........ Add Line 2 + Line 9 in Column B above $ 535 $ 535

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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).

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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 to whole dollars.

Statement covers period from 7/1/19 through 12/31/19

CALIFORNIA FORM 460
Page 1 of 5

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
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SUBTOTAL $ 0

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 $ 95

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......... TOTAL $ 95

*Contributor Codes
IND — Individual
COM — Recipient Committee
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from ____/___/___
through ____/___/___

### 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)
- **SAL**: campaign workers' salaries
- **TEL**: l.t. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: staff/spouse travel, lodging, and meals
- **TRM**: transfer between committees of the same candidate/sponsor
- **WEB**: information technology costs (internet, e-mail)

### NAME AND ADDRESS OF CREDITOR

* If a Committee, also enter I.D. NUMBER

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD</th>
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<tr>
<td>Press-Banner</td>
<td>advertising</td>
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### SUBTOTALS

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

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**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) .............................................. INCURRED TOTALS $ 535

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

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 $ 535

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May be a negative number

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