Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from: 7/1/16
through: 12/31/16

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.

☒ 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 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☒ Quarterly Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

Treasurer(s)

NAME OF TREASURER
Jim Reed

MAILING ADDRESS
Scotts Valley
CA 95066
831-707-4993

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

3. Committee Information

I.D. NUMBER
1294526

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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
831-707-4993

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

CITY
STATE
ZIP CODE
AREA CODE/PHONE

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: 7/31/17

By
Signature of Treasurer of Assistant Treasurer

Executed on: 7/31/17

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

Executed on
Date

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on
Date

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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 95066</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td></td>
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</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>
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<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
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</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>SUPPORT</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| 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.

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<td></td>
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</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - Column A: $0
   - Column B: $0

2. Loans Received
   - Schedule B, Line 3
   - Column A: $0
   - Column B: $0

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - Column A: $0
   - Column B: $0

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - Column A: $0
   - Column B: $0

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - Column A: $0
   - Column B: $0

### Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - Column A: $0
   - Column B: $0

7. Loans Made
   - Schedule H, Line 3
   - Column A: $0
   - Column B: $0

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - Column A: $0
   - Column B: $0

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - Column A: $0
   - Column B: $0

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - Column A: $0
    - Column B: $0

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - Column A: $0
    - Column B: $0

### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - Column A: $70

13. Cash Receipts
    - Column A: $0

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - Column A: $0

15. Cash Payments
    - Column A: $0

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $70

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - Column A: $0

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column A above
    - Column A: $0

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

- 20. Contributions Received
  - Column A: $0
  - Column B: $0

- 21. Expenditures Made
  - Column A: $0
  - Column B: $0

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**Expenditure Limit Summary for State Candidates**

- 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mmdy)
  - Total to Date
  - $0

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

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