

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84218.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp <b>RECEIVED</b> JAN 31 2014 BELMONT CITY CLERK	CALIFORNIA FORM <b>460</b>
Statement covers period from 11/1/2013 through 12/31/2013	Date of election if applicable: (Month, Day, Year) 11/5/2013
I.D. NUMBER 1358900	Page 1 of 1 For Official Use Only

**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 6)
- General Purpose Committee
- Sponsoree
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsoree
- (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Eric Reed for Belmont City Council 2013

STREET ADDRESS (NO P.O. BOX)  
 910 Ruth Ave.  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Belmont CA 94002 650-787-3067  
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
 alreed@ericforbelmont.com

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**Treasurer(s)**

NAME OF TREASURER  
 Timothy M. Hoffman  
 MAILING ADDRESS  
 1803 Miller Ave.  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 Belmont CA 94002 650-595-3825  
 NAME OF ASSISTANT TREASURER, IF ANY  
 MAILING ADDRESS  
 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 1/31/2013  
 Executed on 1/31/2013  
 Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

By  Signature of Treasurer or Assistant Treasurer  
 By  Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Eric Reed**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Belmont City Council**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**910 Ruth Ave. Belmont CA 94002**

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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  
 SUPPORT  
 OPPOSE

**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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 11/1/2013 through 12/31/2013  
Page 3 of 8

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Eric Reed for Belmont City Council 2013

I.D. NUMBER  
1358900

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 99.	7,735.50
2. Loans Received .....	Schedule B, Line 3 0.	1,150.
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 99.	8,885.50
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.	108.65
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 99.	8,994.15

**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

6. Payments Made .....	Schedule E, Line 4 299.	7,463.29
7. Loans Made .....	Schedule H, Line 3 0.	0.
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 299.	7,463.29
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 (28.31)	30.71
10. Nonmonetary Adjustment .....	Schedule G, Line 3 0.	108.65
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 270.69	7,602.65

**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 .....	Previous Summary Page, Line 16 1,612.21
13. Cash Receipts .....	Column A, Line 3 above 99.
14. Miscellaneous Increases to Cash .....	Schedule J, Line 4 299.
15. Cash Payments .....	Column A, Line 8 above 1,412.21
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 1,412.21

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.

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 11/1/2013  
through 12/31/2013

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Eric Reed for Belmont City Council 2013

I.D. NUMBER  
1358900

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

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 99.
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 99.

\*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 B - Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 11/1/2013  
through 12/31/2013

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1358900

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Eric Reed for Belmont City Council 2013**

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <b>Eric Reed</b> <b>910 Ruth Ave.</b> <b>Belmont CA 94002</b>	<b>Assoc. Dir., Proj. Mgt</b> <b>Genentech</b> <b>Candidate</b> <b>Belmont City Council '13</b>	\$ <u>1,150.</u>	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ <u>1,150.</u>	<u>0</u> % RATE	\$ <u>1,000.</u>	CALENDAR YEAR <u>1,150.</u> PER ELECTION ** <u>1,150.</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____	% RATE	\$ _____	CALENDAR YEAR PER ELECTION **
<b>SUBTOTALS \$</b>		<b>0. \$</b>	<b>0. \$</b>	<b>0. \$</b>	<b>1,150. \$</b>	<b>0.</b>		

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period..... \$ 0.  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period..... \$ 0.  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. **Subtract** Line 2 from Line 1.)..... **NET \$** 0.  
Enter the net here and on the Summary Page, Column A, Line 2.

**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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Eric Reed for Belmont City Council 2013

Statement covers period  
from 11/1/2013  
through 12/31/2013

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1358900

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT 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
- RPD 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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal 2211 N 1st St San Jose, CA 95131			Bank fees	13.92
ANGLE MASTAGNI MATHIEWS POLITICAL CONSULTING 507 N SYLVANIA AVE FORT WORTH, TX 81727			Robo-calls	223.06
Tim Hoffman - Out of Pocket Expense Reimbursement 1803 Miller Ave. Belmont, CA 94002			Pmt. of accrued expenses. **SEE 3rd Pre-election Schedule G for Itemization	59.02
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				
<b>SUBTOTAL \$</b>				<b>296.</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 296.
2. Unitemized payments made this period of under \$100 ..... \$ 3.
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 299.**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>11/1/2013</u> through <u>12/31/2013</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Eric Reed for Belmont City Council 2013

I.D. NUMBER  
1358900

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (a)	AMOUNT INCURRED THIS PERIOD (b)	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)
Tim Hoffman as Agent 1803 Miller Ave. Belmont CA 94002	Various. See 1st Pre-election Sch. G		59.02	30.71	59.02	30.71
<b>SUBTOTALS \$</b>			<b>59.02 \$</b>	<b>30.71 \$</b>	<b>59.02 \$</b>	<b>30.71</b>

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

**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 \$** 30.71
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 \$** 59.02
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 \$** (28.31)

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
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Statement covers period from 11/1/2013 through 12/31/2013

CALIFORNIA FORM **460** SCHEDULE G

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 Eric Reed for Belmont City Council 2013

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 Tim Hoffman

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

CMP	campaign paraphernalia/misc.	MER	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
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staffs/spouse travel, lodging, and meals
ND	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
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (Internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook 1601 Willow Rd Menlo Park, CA			Web Ads -- ACCRUED	23.72
GoDaddy.com 14455 N. Hayden Rd., Ste. 226 Scottsdale, AZ 85260			Internet hosting fees Note: Accrued dur. statement period	6.99
<b>TOTAL * \$</b>				<b>30.71</b>

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.