Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp
from **Oct 20, 2013**		
through **Oct 31, 2013**	**Nov 5, 2013**	

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

☐ Ballot Measure Committee
  ○ Primarily Formed
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

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

2. Type of Statement:

☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER **1358838**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MercerForCouncil2013

STREET ADDRESS (NO P.O. BOX)
2535 Somerset Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	**CA**	**94002**	**650.823.9746**

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Tim Wong

MAILING ADDRESS
533 Cambridge Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Belmont	**CA**	**94002**	**650.591.2479**

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 __10/30/2013__ By _____ *Signature of Treasurer or Assistant Treasurer*

Executed on __10/31/2013__ By _____ *Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor*

Executed on _____ By _____ *Signature of Controlling Officeholder, Candidate, State Measure Proponent*

Executed on _____ 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

Kristin Mercer

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

City Council Member, Belmont, CA

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

2535 Somerset Drive, 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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. 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 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 Oct 20, 2013

through Oct 31, 2013

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .... Schedule A, Line 3	$	350.00	$ 6048.00
2. Loans Received .... Schedule B, Line 3		0.00	5000.00
3. SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2	$	350.00	$ 11048.00
4. Nonmonetary Contributions .... Schedule C, Line 3		0.00	60.00
5. TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4	$	350.00	$ 11108.00

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	Column B
6. Payments Made .... Schedule E, Line 4	$	1000.85	$ 9428.53
7. Loans Made .... Schedule H, Line 3		0.00	0.00
8. SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7	$	1000.85	$ 9428.53
9. Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3		0.00	0.00
10. Nonmonetary Adjustment .... Schedule C, Line 3		0.00	60.00
11. TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10	$	1000.85	$ 9488.53

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	$	2270.32
13. Cash Receipts .... Column A, Line 3 above		350.00
14. Miscellaneous Increases to Cash .... Schedule I, Line 4		0.00
15. Cash Payments .... Column A, Line 8 above		1000.85
16. ENDING CASH BALANCE .... Add Lines 12 + 13 + 14, then subtract Line 15	$	1619.47

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).

17. LOAN GUARANTEES RECEIVED .... Schedule B, Part 2	$	0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .... See instructions on reverse	$	0.00
19. Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$	5000.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period

from _____ Oct 20, 2013 _____

through _____ Oct 31, 2013 _____

CALIFORNIA FORM **460**

Page ___4___ of ___6___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

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)
10/28/2013	Joseph A. Brennan	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00		
10/28/2013	Timothy Robertson	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Executive Proteus Digital Health 2600 Bridge Pkway #101 Redwood City, CA ⊞	100.00		
10/29/2013	Gail T. Jacoby	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Doctor Dr. Gail Jacoby, MD 1036 Laurel St San Carlos, CA 94070	100.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	300.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) .... $ _____ 300.00 _____

2. Amount received this period – unitemized contributions of less than $100 .... $ _____ 50.00 _____

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ _____ 350.00 _____

*Contributor Codes

IND – Individual
COM – Recipient Committee
    (other than PTY or SCC)
OTH – Other
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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from ___Oct 20, 2013___

through ___Oct 31, 2013___

CALIFORNIA FORM **460**

Page __5__ of __6__

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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
Kristin Mercer 2535 Somerset Drive, Belmont, CA 94002 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City of Belmont Planning Commissioner	$ 5000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 5000.00 DATE DUE	00.00 % RATE $ 00.00	$ 5000.00 6/06/2013 DATE INCURRED	CALENDAR YEAR $ 5000.00 PER ELECTION** $
   †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	____% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
   †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	____% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ 0.00 $ 0.00 $ 5000.00 $ 0.00

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

Schedule B Summary

1. Loans received this period .... $ 0.00
(Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period .... $ 0.00
(Total Column (c) plus loans under $100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ 0.00
(May be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

† Contributor Codes

IND – Individual   COM – Recipient Committee (other than PTY or SCC)   OTH – Other   PTY – Political Party   SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E
Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM **460**
from	Oct 20, 2013	
through	Oct 31, 2013	Page __6__ of __6__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Wong

I.D. NUMBER

1358838

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
Belmont USPS 640 Masonic Way, Belmont, CA 94002	POS		Postage	368.00
Kelly Paper 320 Industrial Road, San Carlos, CA 94070	LIT		Envelopes	127.54
Gladwyn d'Souza 1473 Sixth Ave, Belmont, CA 94002	LIT		Letter Mailing	497.16

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

SUBTOTAL $ 992.70

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) .... $	992.70
2. Unitemized payments made this period of under $100 .... $	8.15
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $	1000.85