

**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)  
1095445

Date Stamp  
**FILED**  
SEP 29 2016  
ALBANY CITY CLERK

Statement covers period  
from 07/01/2016  
through 09/24/2016

Date of election if applicable:  
(Month, Day, Year) SEP 29 2016

SEE INSTRUCTIONS ON REVERSE

- 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:**
- 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

**3. Committee Information**

I.D. NUMBER 1368408

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Nick Pilch for Albany City Council 2016

**Treasurer(s)**

NAME OF TREASURER  
Susan Reyes

MAILING ADDRESS  
P O Box 1293

CITY Alameda STATE CA ZIP CODE 94501 AREA CODE/PHONE (510) 882-4536

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
ssjreyes@comcast.net

STREET ADDRESS (NO P.O. BOX)  
634 San Carlos Ave

CITY Albany STATE CA ZIP CODE 94706 AREA CODE/PHONE (510) 525-3405

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

CITY STATE ZIP CODE AREA CODE/PHONE

**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 09/28/2016 By Susan Reyes  
Date

Executed on 09/28/2016 By Nick Pilch  
Date Signature of Co-Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date 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  
Nick Pilch

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
634 San Carlos Ave Albany CA 94706

**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2016  
through 09/24/2016

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Nick Pilch for Albany City Council 2016

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 1,450.00	\$ 1,450.00
2. Loans Received .....	Schedule B, Line 3 16,100.00	16,600.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 17,550.00	18,050.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 17,550.00	18,050.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 9,685.13	\$ 9,685.13
7. Loans Made .....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 9,685.13	9,685.13
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 9,685.13	9,685.13

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 185.00
13. Cash Receipts .....	Column A, Line 3 above 17,550.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00
15. Cash Payments .....	Column A, Line 8 above 9,685.13
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 8,049.87

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

## 17. LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0.00
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## 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 \$ 16,600.00

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

## Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ _____	Total to Date	\$ _____
21. Expenditures Made	\$ _____		\$ _____

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

Date of Election (mm/dd/yy)	____/____/____	Total to Date	\$ _____
	____/____/____		\$ _____

## 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	\$ _____

SUMMARY PAGE

CALIFORNIA FORM 460

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I.D. NUMBER  
1368408

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

## CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 07/01/2016  
through 09/24/2016

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Nick Pilch for Albany City Council 2016

I.D. NUMBER  
1368408

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)
09/10/2016	Janet Smith-Heimer 628 Spokane Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President BAE Urban Economics	100.00	100.00	G2016 \$100.00
09/11/2016	Margaret Marks 1507 Visalia Ave Albany, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016 \$100.00
09/23/2016	David Arkin 1062 Stannage Ave. Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal/Architect Arkin Tilt Architects	200.00	200.00	G2016 \$200.00
09/23/2016	Judy Simmons 1829 Prince St Berkeley, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	G2016 \$500.00
09/24/2016	Emma Yee 1260 Brighton Ave #204 Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lab Technician USDA	100.00	100.00	G2016 \$100.00
<b>SUBTOTAL \$</b>				<b>1,000.00</b>		

### Schedule A Summary

- Amount received this period -- itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,000.00
- Amount received this period -- unitemized monetary contributions of less than \$100 ..... \$ 450.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,450.00

\*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

Amounts may be rounded to whole dollars.

## CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER: Nick Pilch for Albany City Council 2016  
 Statement covers period from 07/01/2016 through 09/24/2016  
 Page 5 of 7  
 I.D. NUMBER: 1368408

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 * <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	(e) INTEREST PAID THIS PERIOD RATE	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED	(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 500.00	\$ 0.00	\$ 0.00	12/31/2020	0 %	\$ 500.00 07/15/2014	\$ 16,100.00 PER ELECTION ** \$ 62016 16,600.00
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 0.00	\$ 1,100.00	\$ 0.00	12/31/2020	0 %	\$ 1,100.00 08/02/2016	\$ 16,100.00 PER ELECTION ** \$ 62016 16,600.00
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 0.00	\$ 15,000.00	\$ 0.00	12/31/2020	0 %	\$ 15,000.00 08/30/2016	\$ 16,100.00 PER ELECTION ** \$ 62016 16,600.00
<b>SUBTOTALS</b>		\$ 500.00	\$ 16,100.00	\$ 0.00	16,600.00	0.00		

### Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 16,100.00
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) ..... \$ 0.00  
(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 \$** 16,100.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2016  
through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

Nick Pilch for Albany City Council 2016

1368408

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
City of Albany 1000 San Pablo Ave Albany, CA 94706	FIL			978.00
H & S Signs 418 Neal Street Grass Valley, CA 95945	CMP			898.89
Sonia E. Taylor 634 San Carlos Ave Albany, CA 94706	LIT			680.00

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

**SUBTOTAL \$** 2,556.89

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 9,641.89
- Unitemized payments made this period of under \$100 ..... \$ 43.24
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 9,685.13

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2016  
through 09/24/2016

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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Nick Pilch for Albany City Council 2016

I.D. NUMBER  
1368408

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

<b>GMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>ND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Sonia E. Taylor 634 San Carlos Ave Albany, CA 94706	LIT			85.00
The Next Generation 1814 Franklin St Suite 510 Oakland, CA 94612	CNS			7,000.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				
<b>SUBTOTAL \$</b>				<b>7,085.00</b>