

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

**RECEIVED**

**CALIFORNIA FORM 460**

Page 1 of 8

For Official Use Only

Statement covers period  
from 7/1/2012  
through 9/30/2012

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

OCT 5 2012

11/6/2012

**ALBANY CITY CLERK**

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  
1310602

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

Nick Pilch for Albany

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Albany CA 94706

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

Nick Pilch

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Albany CA 94706

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 04 oct 2012  
Date

Executed on 04 oct 2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or print in ink.

COVER PAGE - PART 2

|                            |             |
|----------------------------|-------------|
| <b>CALIFORNIA FORM 460</b> |             |
| Page <u>2</u>              | of <u>8</u> |

**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  
[REDACTED] 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?<br><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?<br><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<br><input type="checkbox"/> 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>9/30/2012</u>                        |                                |
| Page <u>3</u> of <u>8</u>                       | I.D. NUMBER<br>1310602         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 2,494.00  | \$ 2,494.00                                |
| 2. Loans Received ..... Schedule B, Line 3            |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 2,494.00  | \$ 2,494.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 2,494.00  | \$ 2,494.00                                |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 1,842.02  | \$ 2,002.02                                |
| 7. Loans Made ..... Schedule H, Line 3                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 1,842.02  | \$ 2,002.02                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 |  |  |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         |  |  |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 1,842.02  | \$ 2,002.02                                |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 2,213.64 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 2,494.00    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 1,842.02    |
| 15. Cash Payments ..... Column A, Line 8 above                              | 2,865.62    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____    |

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

|   |          |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ _____ |
|---|----------|

**Cash Equivalents and Outstanding Debts**

|   |          |
|---|----------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ _____ |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 3,400 |

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.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>9/30/2012</u>                        |                                |
| Page <u>4</u> of <u>8</u>                       |                                |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Nick Pilch for Albany</b> | I.D. NUMBER<br><b>1310602</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/9/2012           | Sanjay Ranchod<br>██████████<br>Albany, CA 94706  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of Government Affairs & Senior Counsel<br>SolarCity                                  | \$100.00                    | \$100.00   | \$100.00                              |
| 8/12/2012          | Preston Jordan<br>██████████<br>Albany, CA 94706  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Geologist<br>Lawrence Berkeley<br>National Laboratory   | \$100.00                    | \$100.00   | \$100.00                              |
| 8/19/2012          | Alan Tobey<br>██████████<br>Berkeley, CA 94706  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Photographer<br>Self-employed   | \$100.00                    | \$100.00   | \$100.00                              |
| 8/22/2012          | Paul Pilch<br>██████████<br>Dover, MA 02030   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>Boston U. Medical School   | \$100.00                    | \$100.00   | \$100.00                              |
| 8/29/2012          | Kent Lewandowski<br>████████████████████<br>Oakland, CA 94611                                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Computer Programmer<br>Kaiser Permanente  | \$100.00                    | \$100.00   | \$100.00                              |
| <b>SUBTOTAL \$</b> |   |   |   | <b>\$500.00</b>             |  |                                       |

**Schedule A Summary**

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | <u>2,175.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | <u>319.00</u>   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | <u>2,494.00</u> |

\*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 A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>7/1/2012</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>9/30/2012</u>                        |                            |
| Page <u>5</u> of <u>8</u>                       |                            |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Nick Pilch for Albany | I.D. NUMBER<br>1310602 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/12/2012          | Harry Chomsky<br>██████████<br>Albany, CA 94706   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Programmer<br>Self-employed   | \$200.00                    | \$200.00   | \$200.00                              |
| 9/17/2012          | Jonathan Knight<br>██████████<br>Albany, CA 94706   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lecturer<br>San Francisco State University  | \$100.00                    | \$100.00   | \$100.00                              |
| 9/24/2012          | David Campbell<br>██████████<br>Albany, CA 94612  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Program Director<br>East Bay Bicycle Coalition  | \$100.00                    | \$100.00   | \$100.00                              |
| 9/24/2012          | Reed Hastings<br>██████████<br>Santa Cruz, CA 95060   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Netflix  | \$1,000.00                  | \$1,000.00   | \$1,000.00                            |
| 9/20/2012          | Norman La Force<br>██████████<br>El Cerrito, CA 94530   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lawyer<br>CNA   | \$150.00                    | \$150.00   | \$150.00                              |
| <b>SUBTOTAL \$</b> |   |   |   | <b>\$1,550</b>              |  |                                       |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/2012</u><br>through <u>9/30/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>6</u> of <u>8</u>      |

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Nick Pilch for Albany | I.D. NUMBER<br>1310602 |
|--|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/29/2012          | Judey Miller<br>██████████<br>Albany, CA 94706  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Higher Ed Manager<br>UC Berkeley  | \$125.00                    | \$125.00   | \$125.00                              |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | \$125.00                    |  |                                       |

\*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 E  
Payments Made**

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

SCHEDULE E

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>7/1/2012</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>9/30/2012</u>                        |                                |
| Page <u>7</u> of <u>8</u>                       | I.D. NUMBER<br>1310602         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| City of Albany<br>1000 San Pablo Ave.<br>Albany, CA 94706           | FIL     |                        | \$948.00    |
| Zazzle<br>1900 Seaport Blvd, 4th Floor<br>Redwood City, CA 94063    | CMP     |                        | \$184.04    |
| Inkworks<br>2827 Seventh St.<br>Berkeley, CA 94710                  | LIT     |                        | \$277.31    |

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

**SUBTOTAL \$ 1,409.35**

**Schedule E Summary**

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ 1,619.35              |
| 2. Unitemized payments made this period of under \$100 .....   | \$ 222.67                |
| 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.) ..... | <b>TOTAL \$ 1,842.02</b> |