

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**FILED**  
Date Stamp

FEB 9 2015

**ALBANY CITY CLERK**

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

Statement covers period  
from 11/5/2014  
through 12/31/2014

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officelholder, 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/Officelholder 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**

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

I.D. NUMBER  
1368408

**Treasurer(s)**

NAME OF TREASURER  
Nick Pilch

MAILING ADDRESS  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY Albany STATE CA ZIP CODE 94706 AREA CODE/PHONE [REDACTED]

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


CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
nickpilch4albany@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS  
nickpilch4albany@gmail.com

**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 02 feb 2015 Date  
By  Signature of Treasurer or Assistant Treasurer

Executed on 02 feb 2015 Date  
By \_\_\_\_\_ Signature of Controlling Officelholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officelholder, 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  
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  
Albany, CA 94076

**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

Statement covers period  
from 11/5/2014  
through \_\_\_\_\_

CALIFORNIA  
FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany City Council 2016

I.D. NUMBER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$	\$
2. Loans Received .....	Schedule B, Line 3	500
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	500
4. Nonmonetary Contributions .....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	500

## 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	\$	315
7. Loans Made .....	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$	
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	\$	315

## 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	\$	185
13. Cash Receipts .....	Column A, Line 3 above		
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4		
15. Cash Payments .....	Column A, Line 8 above		
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$	185

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 \$

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse \$

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 500

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

**Schedule B - Part 1  
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Nick Pilch for Albany City Council 2016**  
I.D. NUMBER  
**1368408**

(a) FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(b) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (NAME OF BUSINESS)	(c) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(d) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(h) ORIGINAL AMOUNT OF LOAN	(i) CUMULATIVE CONTRIBUTIONS TO DATE
Nick Pilch 634 San Carlos Ave. Albany, CA 94706 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Cloud Operations, Bluescape	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 500 DATE DUE	% RATE	\$ 500 PER ELECTION**	CALENDAR YEAR \$ 500 PER ELECTION**
† <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 \$	DATE DUE	% RATE	\$ PER ELECTION**	CALENDAR YEAR \$ PER ELECTION**
† <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 \$	DATE DUE	% RATE	\$ PER ELECTION**	CALENDAR YEAR \$ PER ELECTION**
<b>SUBTOTALS \$</b>								

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

**Schedule B Summary**

- Loans received this period ..... \$  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$  
(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.

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

†Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee