

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)
11109747

COVER PAGE

**CALIFORNIA
FORM 460**

Page 1 of 8
For Official Use Only

Date Stamp

CITY OF ALBANY

JAN 27 2017

Administration Department

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

11/08/2016

Statement covers period
from

10/23/2016

through 12/31/2016

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:

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

STREET ADDRESS (NO P.O. BOX)

634 San Carlos Ave

CITY

Albany

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

Alameda

STATE

CA

ZIP CODE

94501

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

AREA CODE/PHONE

(510) 882-4536

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

nickpilch4albany@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

ssjreyes@comcast.net

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 01/26/2017

Date

By Susan Reyes

Executed on 01/27/2016

Date

By Nick Pilch
Signature of Cont

Executed on _____

Date

By _____

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

www.netfile.com

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 8

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.

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from 10/23/2016
through 12/31/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany City Council 2016

Page 3 of 8

I.D. NUMBER

1369408

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 821.00	\$ 3,298.00
2. Loans Received	Schedule B, Line 3 -75.00	16,600.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 746.00	\$ 19,898.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	60.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 746.00	\$ 19,958.00

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

6. Payments Made	Schedule E, Line 4 \$ 5,681.35	\$ 16,016.48
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,681.35	\$ 16,016.48
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 \$ 5,681.35	\$ 16,076.48

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 \$ 8,501.87
13. Cash Receipts	Column A, Line 3 above 746.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 5,681.35
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,566.52

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

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 \$ 16,600.00

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany City Council 2016

Statement covers period

from 10/23/2016

through 12/31/2016

Page 4 of 8

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)
10/25/2016	Norman La Force 802 Balra Dr El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer CNA	100.00	100.00	G2016 \$100.00
11/07/2016	Stacy Eisenmann 853 Ramona 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	Architect Eisenmann Architecture	100.00	100.00	G2016 \$100.00
11/22/2016	Marta Tobey 1510 Sonoma 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	Musician Self	100.00	100.00	G2016 \$100.00
11/30/2016	Cynthia Hegedus 925 Ramona 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	Retired N/A	100.00	100.00	G2016 \$100.00
12/02/2016	Yali Lincroft 1612 Sonoma 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	Program Director Walter S Johnson Foundation	100.00	150.00	G2016 \$150.00
SUBTOTAL \$				500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 321.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 821.00**

*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.

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 10/23/2016
through 12/31/2016

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 5 of 8

Nick Pilch for Albany City Council 2016
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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 500.00	0 %	\$ 500.00	CALENDAR YEAR \$ 16,100.00 PER ELECTION** \$ 62016 17,189.28
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE 12/31/2020	DATE DUE 07/15/2014	DATE INCURRED 07/15/2014	DATE INCURRED 07/15/2014
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 1,100.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 1,100.00	0 %	\$ 1,100.00	CALENDAR YEAR \$ 16,100.00 PER ELECTION** \$ 62016 17,189.28
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE 12/31/2020	DATE DUE 08/02/2016	DATE INCURRED 08/02/2016	DATE INCURRED 08/02/2016
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 15,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 15,000.00	0 %	\$ 15,000.00	CALENDAR YEAR \$ 16,100.00 PER ELECTION** \$ 62016 17,189.28
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE 12/31/2020	DATE DUE 08/30/2016	DATE INCURRED 08/30/2016	DATE INCURRED 08/30/2016
SUBTOTALS \$					16,600.00 \$	0.00	0.00 \$	

Schedule B Summary

1. Loans received this period \$ 514.28
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 589.28
(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 \$ -75.00
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee
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 B – Part 1 (Continuation Sheet)
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1 (CONT.)

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nick Pilch for Albany City Council 2016

Statement covers period from 10/23/2016 through 12/31/2016

Page 6 of 8

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	PERELECTION**		
									CALENDAR YEAR	PERELECTION**	
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 75.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 75.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	0 %	\$ 75.00	\$ 16,100.00	2016	17,189.28	
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 0.00	\$ 514.28	<input checked="" type="checkbox"/> PAID \$ 514.28 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	0 %	\$ 514.28	\$ 16,100.00	2016	17,189.28	
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 0.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	0 %	\$ 0.00	\$ 16,100.00	2016	17,189.28	
SUBTOTALS \$									514.28 \$	569.28 \$	0.00 \$

†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

*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 10/23/2016
through 12/31/2016

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1368408

Nick Pilch for Albany City Council 2016

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> CVP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Copyworld, Inc. 1375 University Ave Berkeley, CA 94702	LIT			514.28
Pacific Print Resources 1259 Park Avenue Emeryville, CA 94608	LIT			3,164.80
Mikko Design 1406 Park St Alameda, CA 94501	LIT			588.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 4,267.74

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5,582.65
2. Unitemized payments made this period of under \$100 \$ 98.70
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 \$** 5,681.35

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 8 of 8

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.

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT 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 PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF PAYMENT

CODE OR

AMOUNT PAID

Susan Reyes
P O Box 1293
Alameda, CA 94501

PRO

830.00

The Next Generation
1814 Franklin St Suite 510
Oakland, CA 94612

CNS

484.91

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

SUBTOTAL \$

1,314.91