Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink. 10 07 '14 AM 10 41 City of IW

Date Stamp

CALIFORNIA FORM 460

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2014
through 09/30/2014

Date of election if applicable: (Month, Day, Year)
11/04/2014

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

- [X] 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:

- [X] 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: 1369522

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
REED FOR COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
46146 E. ELDORADO DR.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
INDIAN WELLS	CA	92210	(760)779-1466

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	

OPTIONAL: FAX / E-MAIL ADDRESS
(213)623-1692 / CARY@POLITICALLAW.COM

Treasurer(s)

NAME OF TREASURER
CARY DAVIDSON

MAILING ADDRESS
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213)624-6200

NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN

MAILING ADDRESS
515 S. FIGUEROA ST.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213)624-6200

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 10/06/2014 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 10/06/2014 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DANA W. REED

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

City Council Member: CITY OF INDIAN WELLS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
46146 E. ELDORADO DR.	INDIAN WELLS	CA	92210

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. 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	☐ 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

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 5,709.00	$ 5,709.00
2. Loans Received	*Schedule B, Line 3*	5,000.00	5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10,709.00	$ 10,709.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	99.00	99.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10,808.00	$ 10,808.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 8,613.68	$ 8,613.68
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 8,613.68	$ 8,613.68
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	1,424.18	1,424.18
10. Nonmonetary Adjustment	*Schedule C, Line 3*	99.00	99.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10,136.86	$ 10,136.86

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	10,709.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	3.00
15. Cash Payments	*Column A, Line 8 above*	8,613.68
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 2,098.32

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*	$ 6,424.18

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).

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	$	$

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
/ /	$
/ /	$

*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

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2014
through 09/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

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)
09/08/2014	DANIEL ABRAMSON 171 N. CHURCH LANE, #608 LOS ANGELES, CA 90049	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY THE RAND CORPORATION	100.00	100.00	
09/18/2014	CHARLES BELL 1649 HELENA AVE. ARROYO GRANDE, CA 93421	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY BELL, MCANDREWS & HILTACHK, LLP	100.00	100.00	
09/30/2014	JOHN E. BRADLEY 75-927 VIA ALLEGRE INDIAN WELLS, CA 92210	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	RETIRED	200.00	200.00	
09/29/2014	COACHELLA-IMPERIAL VALLEY STRATEGIES PAC (ID# 1351123) 75100 MEDITERRANEAN PALM DESERT, CA 92211	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		300.00	300.00	
09/13/2014	THOMAS CONNER 75708 VISTA DEL REY INDIAN WELLS, CA 92210	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	RETIRED	100.00	100.00	
			SUBTOTAL $	800.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 5,350.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 359.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $ 5,709.00

*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 A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

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)
09/11/2014	CURT PRINGLE & ASSOCIATES 1801 E. KATELLA, #1002 ANAHEIM, CA 92805	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
09/22/2014	CARY DAVIDSON 5018 LOS FELIZ BLVD. LOS ANGELES, CA 90027	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ATTORNEY REED & DAVIDSON, LLP	500.00	500.00	
09/18/2014	LARRY EASTLAND 728 PALISADES DR. PACIFIC PALISADES, CA 90272	☒IND ☐COM ☐OTH ☐PTY ☐SCC	OWNER GLOBAL PUBLIC STRATEGIES, LTD.	100.00	100.00	
09/08/2014	HARVEY ENGLANDER 1130 TOWER RD. BEVERLY HILLS, CA 90210	☒IND ☐COM ☐OTH ☐PTY ☐SCC	MANAGING PARTNER ENGLANDER KNABE & ALLEN	100.00	100.00	
09/07/2014	PAUL FRANCAVILLA 3650 1ST AVENUE, #112 SAN DIEGO, CA 92103	☒IND ☐COM ☐OTH ☐PTY ☐SCC	PRIVATE INVESTIGATOR CASEY GERRY SCHENK FRANCAVILLA BLATT & PENFIELD LLP	100.00	100.00	
			SUBTOTAL $	900.00		

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SCC – Small Contributor Committee

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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
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

NAME OF FILER
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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)
09/09/2014	FRANK WILSON & ASSOCIATES, INC. 3805 VISTA AZUL SAN CLEMENTE, CA 92672	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
09/26/2014	WARD A. FREDERICKS 75375 PAINTED DESERT DR. INDIAN WELLS, CA 92210	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	200.00	200.00	
09/21/2014	BRADLEY HERTZ 22647 VENTURA BLVD., #301 WOODLAND HILLS, CA 91364	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ATTORNEY THE SUTTON LAW FIRM	150.00	150.00	
09/09/2014	INLAND GROUP, INC. 3501 JAMBOREE RD., STE. 606 NEWPORT BEACH, CA 92660	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
09/26/2014	WALTER J. KARABIAN 611 WILSHIRE BLVD., STE. 1008 LOS ANGELES, CA 90017	☒IND ☐COM ☐OTH ☐PTY ☐SCC	ATTORNEY WALTER J. KARABIAN ATTORNEY AT LAW	100.00	100.00	
			SUBTOTAL $	650.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

NAME OF FILER: REED FOR COUNCIL 2014

I.D. NUMBER: 1369522

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)
09/10/2014	VIGO NIELSEN 29 MARK TERRACE TIBURON, CA 94920	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY NIELSEN MERKSAMER	500.00	500.00	
09/12/2014	ORANGE COUNTY BUSINESS COUNCIL'S BIZ PAC (ID# 802010) 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	
09/30/2014	O'REILLY PUBLIC RELATIONS, INC. 3403 10TH STREET, STE. 110 RIVERSIDE, CA 92501	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		200.00	200.00	
09/12/2014	EILEEN PADBERG 11 STONEY POINTE LAGUNA NIGUEL, CA 92677	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	PUBLIC RELATIONS EILEEN PADBERG CONSULTING	100.00	100.00	
09/11/2014	ADAM PROBOLSKY 3990 WESTERLY PLACE, #185 NEWPORT BEACH, CA 92660	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CONSULTANT PROBOLSKY RESEARCH	250.00	250.00	
			SUBTOTAL $	1,300.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

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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)
09/07/2014	PETE REED 2078 SE RHODODENDRON AVE. DALLAS, OR 97338	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	RETIRED	250.00	250.00	
09/20/2014	RICHARD J. ROMERO AND AFFILIATED ENTITIES 1377 KETTERING LOOP ONTARIO, CA 91761 CONTRIBUTION RECEIVED FROM OREMOR MANAGEMENT & INVESTMENT CO.	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	OWNER OREMOR MANAGEMENT & INVESTMENT CO.	100.00	100.00	
09/12/2014	MICHAEL SCHROEDER 1100 W. TOWN AND COUNTRY RD., STE. 1400 ORANGE, CA 92868	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY ALLIED PROFESSIONALS INSURANCE SERVICES	100.00	100.00	
09/12/2014	SHAWN STEEL & ASSOCIATES 27520 HAWTHORNE BLVD, #270 ROLLING HILLS ESTATES, CA 90274	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	
09/15/2014	ANA M. SIMEONOVA 11617 HUSTON ST. NORTH HOLLYWOOD, CA 91601	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	OFFICE MANAGER REED & DAVIDSON, LLP	100.00	100.00	
			SUBTOTAL $	800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

NAME OF FILER
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1369522

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)
09/10/2014	JERRY SIMMONS 9031 HOLLYWOOD HILLS RD. LOS ANGELES, CA 90046	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY REED & DAVIDSON, LLP	250.00	250.00	
09/24/2014	GADDI VASQUEZ 141 S. WATERWHEEL WAY ORANGE, CA 92869	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CORPORATE SENIOR VICE PRESIDENT EDISON INTERNATIONAL	150.00	150.00	
09/10/2014	VCS ENVIRONMENTAL 30900 RANCHO VIEJO RD., #100 SAN JUAN CAPISTRANO, CA 92675	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	
09/05/2014	FLORA YIN 1544 STANFORD ST., #7 SANTA MONICA, CA 90404	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	ATTORNEY REED & DAVIDSON, LLP	250.00	250.00	
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			SUBTOTAL $	900.00		

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Schedule B – Part 1
Loans Received

Type or print in ink.
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Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: REED FOR COUNCIL 2014

I.D. NUMBER: 1369522

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
NEVINE P. KUTZ 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$ 0.00	$ 5,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 5,000.00 12/31/2014 DATE DUE	____% RATE $ 0.00	$ 5,000.00 08/18/2014 DATE INCURRED	CALENDAR YEAR $ 5,000.00 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 $ 5,000.00		$ 0.00	$ 5,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 5,000.00
   (Total Column (b) plus unitemized loans of 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** $ 5,000.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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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.

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Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 01/01/2014
through 09/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 99.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** $ 99.00

*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.

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: REED FOR COUNCIL 2014

I.D. NUMBER: 1369522

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
CAVALIA COMMUNICATIONS, INC., DBA. NDM COMMUNICATIONS 24000 ALICIA PARKWAY, STE. 17-303 MISSION VIEJO, CA 92691	LIT			970.00
CAVALIA COMMUNICATIONS, INC., DBA. NDM COMMUNICATIONS 24000 ALICIA PARKWAY, STE. 17-303 MISSION VIEJO, CA 92691	LIT			840.00
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE, CA 92614	PRT			1,017.37

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

SUBTOTAL $ 2,827.37

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 8,564.18
2. Unitemized payments made this period of under $100 ..... $ 49.50
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** $ 8,613.68

www.netfile.com

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period from 01/01/2014 through 09/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: REED FOR COUNCIL 2014

I.D. NUMBER: 1369522

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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
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE, CA 92614	LIT		1,761.39
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE, CA 92614	POS		537.57
NEVINE P. KUTZ 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	POS		395.35
MICHAEL REAGAN 16001 VENTURA BLVD., STE. 110 ENCINO, CA 91436	FND		2,750.00
ZUWERKS, INC. 436 W. FOOTHILL MONROVIA, CA 91016	WEB		292.50

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

SUBTOTAL $ 5,736.81

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Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

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NAME OF FILER: REED FOR COUNCIL 2014

I.D. NUMBER: 1369522

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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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	0.00	1,074.18	0.00	1,074.18
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	FILING FEE/CAMPAIGN STATEMENT	0.00	350.00	0.00	350.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	0.00$	1,424.18$	0.00$	1,424.18

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 1,424.18
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 1,424.18 (May be a negative number)

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period
from 01/01/2014
through 09/30/2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

NAME OF AGENT OR INDEPENDENT CONTRACTOR
BANK OF AMERICA

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
STAR TICKETS 620 CENTURY NW GRAND RAPIDS, MI 49502	FND		750.00
VUE GRILLE & BAR 44-500 INDIAN WELLS LANE INDIAN WELLS, CA 92210	MTG	8/28/14 - FUNDRAISING MEETING; 3 ATTENDEES INCLUDING CANDIDATE AND MEMBER OF HIS HOUSEHOLD	125.08

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 875.08

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

CALIFORNIA FORM 460

Statement covers period
from 01/01/2014
through 09/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

NAME OF AGENT OR INDEPENDENT CONTRACTOR
KENNY THE PRINTER

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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POSTMASTER 3101 W. SUNFLOWER AVE. SANTA ANA, CA 92799	POS			537.57

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 537.57

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2014
through 09/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
REED FOR COUNCIL 2014

I.D. NUMBER
1369522

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/11/2014	QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	TEST DEPOSIT	1.00
09/11/2014	QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	TEST DEPOSIT	1.00
09/17/2014	QGIV, INC. 53 LAKE MORTON DR. LAKELAND, FL 33801	TEST DEPOSIT	1.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 3.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 3.00
2. Unitemized increases to cash of under $100 this period. ..... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 3.00