

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

01 25 '16 PM 02:30 city of IH

Date Stamp

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 18

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2015</u>	
through <u>12/31/2015</u>	

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1369522

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
REED FOR COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

46146 E. ELDORADO DR.

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

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

515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LOS ANGELES</u>	<u>CA</u>	<u>90071</u>	

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
<u>LOS ANGELES</u>	<u>CA</u>	<u>90071</u>	<u>(213) 624-6200</u>

NAME OF ASSISTANT TREASURER, IF ANY

FLORA YIN

MAILING ADDRESS

515 S. FIGUEROA ST.

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

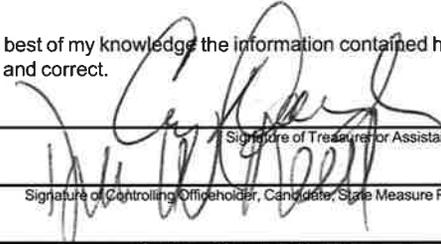
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/22/2016
Date

Executed on 01/22/2016
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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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

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? <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 PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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

Statement covers period from <u>07/01/2015</u>	CALIFORNIA FORM 460
through <u>12/31/2015</u>	
Page <u>3</u> of <u>18</u>	I.D. NUMBER <u>1369522</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3	<u>6,000.00</u>	<u>18,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>6,000.00</u>	\$ <u>18,500.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>6,000.00</u>	\$ <u>18,500.00</u>

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>6,000.00</u>	\$ <u>11,272.50</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,000.00</u>	\$ <u>11,272.50</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>-3,123.40</u>	<u>3,468.22</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2,876.60</u>	\$ <u>14,740.72</u>

**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	\$ <u>42.61</u>
13. Cash Receipts Column A, Line 3 above	<u>6,000.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>6,000.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>42.61</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>21,968.22</u>

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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>4</u> of <u>18</u>
SEE INSTRUCTIONS ON REVERSE		I.D. NUMBER
NAME OF FILER		1369522

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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	RETIRED	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 12/31/2014 DATE DUE	% RATE \$ 0.00	\$ 5,000.00 08/18/2014 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 2,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,500.00 12/31/2014 DATE DUE	% RATE \$ 0.00	\$ 2,500.00 10/01/2014 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2014 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 11/04/2014 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00	\$ 0.00	0.00	\$ 8,500.00	\$ 0.00		

Schedule B Summary

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

- Loans received this period \$ 6,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 6,000.00**
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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>5</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER REED FOR COUNCIL 2018	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
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	_____% RATE \$ 0.00	\$ 1,000.00 01/05/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	_____% RATE \$ 0.00	\$ 1,000.00 03/03/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 04/20/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 05/26/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		0.00	\$	0.00	\$	4,000.00	\$	0.00

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

†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 (Continuation Sheet)
Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>6</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	0.00% RATE \$ 0.00	\$ 1,000.00 07/01/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	% RATE \$ 0.00	\$ 1,000.00 08/04/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	% RATE \$ 0.00	\$ 1,000.00 09/08/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	% RATE \$ 0.00	\$ 1,000.00 10/05/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		4,000.00 \$	0.00 \$	0.00 \$	4,000.00 \$	0.00		

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

** If required.

†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 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>7</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2015 DATE DUE	_____% RATE \$ 0.00	\$ 1,000.00 11/03/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	ATTORNEY REED & DAVIDSON, LLP	\$ 0.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00 12/31/2016 DATE DUE	_____% RATE \$ 0.00	\$ 1,000.00 12/08/2015 DATE INCURRED	CALENDAR YEAR \$ 10,000.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
† <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 \$ _____	\$ _____ DATE INCURRED	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 \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$		2,000.00	\$	0.00	\$	2,000.00	\$	0.00

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

†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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>8</u> of <u>18</u>
NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL 2018		1369522

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2015	ANTHONY KUO City Council Member CITY OF IRVINE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	G2016 \$100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
08/04/2015	CALIFORNIA REPUBLICAN PARTY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		95.00	290.00	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/23/2015	CHAD MAYES State Assembly Person District: 42	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	P2016 \$100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				295.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 545.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 545.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER REED FOR COUNCIL 2018	I.D. NUMBER 1369522
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/2015	RICHARD OBERHAUS BOARD OF DIRECTORS DESERT WATER AGENCY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				250.00		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
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NAME OF FILER		I.D. NUMBER
REED FOR COUNCIL 2018		1369522

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			67.05
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			932.95
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			57.61

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

SUBTOTAL \$ 1,057.61

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	6,000.00
2. Unitemized payments made this period of under \$100	\$	0.00
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 \$	6,000.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

REED FOR COUNCIL 2018

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
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			942.39
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			146.91
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			853.09
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			974.18
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			25.82

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

SUBTOTAL \$ 2,942.39

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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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
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			1,000.00
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			908.32
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC			91.68

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

SUBTOTAL \$ 2,000.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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 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	974.18	0.00	974.18	0.00	
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	2,320.63	0.00	1,025.82	1,294.81	
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	105.14	0.00	0.00	105.14	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	3,399.95\$	0.00\$	2,000.00\$	1,399.95

Schedule F Summary

- 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 \$** 1,672.08
- 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 \$** 4,795.48
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -3,123.40
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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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 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	2,774.62	0.00	2,728.43	46.19
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	67.05	0.00	67.05	0.00
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	0.00	1,205.49	0.00	1,205.49
BANK OF AMERICA 100 N. TRYON ST. CHARLOTTE, NC 28255	OFC	0.00	426.55	0.00	426.55
SUBTOTALS \$		2,841.67 \$	1,632.04 \$	2,795.48 \$	1,678.23

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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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) |

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

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	40.04	0.00	40.04
DANA REED 46146 E. ELDORADO DR. INDIAN WELLS, CA 92210	FILING FEE/CAMPAIGN STATEMENT	350.00	0.00	0.00	350.00
SUBTOTALS \$		350.00 \$	40.04 \$	0.00 \$	390.04

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

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BANK OF AMERICA

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)

* 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
ANAHEIM MARRIOTT 700 W. CONVENTION WAY ANAHEIM, CA 92802	TRS		09/18/2015 - LODGING FOR OFFICEHOLDER DURING CA REPUBLICAN PARTY FALL CONVENTION IN ANAHIEM	222.80
ANTHONY KUO FOR CITY COUNCIL 2016 (ID# 1380307) 603 E. ALTON AVE., STE. G SANTA ANA, CA 92705	CTB			100.00
CALIFORNIA REPUBLICAN PARTY (ID# 810163) 1121 L STREET, STE. 207 SACRAMENTO, CA 95814	CTB			95.00
CHAD MAYES FOR ASSEMBLY 2016 (ID# 1374095) 1022 G STREET SACRAMENTO, CA 95814	CTB			100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 517.80

* 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 (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY, AD-104 SAN BERNARDINO, CA 92407	CVC			1,000.00
DESERT ARC 73255 COUNTRY CLUB DR. PALM DESERT, CA 92260	CVC			100.00
FAMILY YMCA OF THE DESERT 43930 SAN PABLO AVE. PALM DESERT, CA 92260	CVC			290.00
FRIENDS OF RICHARD OBERHAUS FOR WATER BOARD 2015 (ID# 1367749) 1787 TRIBUTE RD., STE. K SACRAMENTO, CA 95815	CTB			250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,640.00

* 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 (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF AGENT OR INDEPENDENT CONTRACTOR		
BANK OF AMERICA		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

REED FOR COUNCIL 2018

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
WOMEN'S TRANSPORTATION SEMINAR 1701 K STREET, NW, STE. 800 WASHINGTON, DC 20006	CVC			105.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 105.00

* 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.