### Recipient Committee Campaign Statement Cover Page

#### Statement covers period
- **from:** October 18, 2020
- **through:** December 31, 2020

#### Date of election if applicable:
- **(Month, Day, Year):** November 3, 2020

#### 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

#### 2. Type of Statement:
- [ ] Preliminary Statement
- [ ] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain below)

#### 3. Committee Information
- **I.D. NUMBER:** 1429674
- **COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):** John Reed for Fairfax Council 2020
- **MAILING ADDRESS:**
  - **Fairfax:** California 94930
- **CITY:** Fairfax
- **STATE:** California
- **ZIP CODE:** 94930
- **CITY:**
- **STATE:**
- **ZIP CODE:**

#### Treasurer(s)
- **NAME OF TREASURER:** John Reed
- **MAILING ADDRESS:**
  - **Fairfax:** California 94930
- **CITY:** Fairfax
- **STATE:** California
- **ZIP CODE:** 94930
- **CITY:**
- **STATE:**
- **ZIP CODE:**

#### 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:** December 31, 2020

**By:** [Signature of Treasurer]

**Date:**

**By:** [Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor]

**Date:**

**By:** [Signature of Controlling Officeholder, Candidate, State Measure Proponent]

**Date:**

**By:** [Signature of Controlling Officeholder, Candidate, State Measure Proponent]

**Date:**
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

John Reed

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

Council Member

**RESIDENTIAL/BUSINESS ADDRESS** (NO. AND STREET) **CITY** **STATE** **ZIP**

Fairfax CA 94930

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER** **JURISDICTION**

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the controlling officeholder, candidate, or state measure proponent, if any.</td>
<td></td>
</tr>
</tbody>
</table>

| 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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Campaign Disclosure Statement
Summary Page

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Reed

I.D. NUMBER
1429674

Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$2,355</td>
<td>$3,148</td>
</tr>
<tr>
<td>Loans Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>(2,900)</td>
<td>(2,900)</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>(545)</td>
<td>(6048)</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>(545)</td>
<td>(6048)</td>
</tr>
</tbody>
</table>

Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$3,58</td>
<td>$3,118</td>
</tr>
<tr>
<td>Loans Made</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$3,58</td>
<td>$3,118</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>(0)</td>
<td>(0)</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>(0)</td>
<td>(0)</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$3,58</td>
<td>$3,118</td>
</tr>
</tbody>
</table>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Description</th>
<th>1/1 through 6/30</th>
<th>7/1 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$903</td>
<td></td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>(545)</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$3,58</td>
<td></td>
</tr>
</tbody>
</table>

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).

Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>(0)</td>
<td>(0)</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>(0)</td>
<td>(0)</td>
</tr>
</tbody>
</table>

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name and Address</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (if Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election To Date (if Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/20</td>
<td>California Real Estate Political Action Committee, 40 Mitchell Blvd #650 106, San Rafael, CA 94903</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>/</td>
<td>300.00</td>
<td>300.00</td>
<td>300.00</td>
</tr>
<tr>
<td>Loan forgiven 12/30/20</td>
<td>John Reed, 1234 FAIRFAX AVE, FAIRFAX, CA 94930</td>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td>Council Member, TOWN OF FAIRFAX</td>
<td>20.30</td>
<td>20.30</td>
<td>20.30</td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......................................................... $ 2330.

2. Amount received this period – unitemized monetary contributions of less than $100 ................................................................. $ 25.

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 2355.

*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

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www.fppc.ca.gov
### Schedule B - Part 1

**Loans Received**

Amounts may be rounded to whole dollars.

**Statement covers period**

from 10/18/2020 through 12/31/2020

**CALIFORNIA FORM 460**

Page 5 of 6

**I.D. NUMBER**

1429674

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>Occupation and Employer (if self-employed, enter name of business)</th>
<th>(a) Outstanding Balance Beginning this Period</th>
<th>(b) Amount Received this Period</th>
<th>(c) Amount Paid or Forgiven this Period</th>
<th>(d) Outstanding Balance at Close of this Period</th>
<th>(e) Interest paid this period</th>
<th>(f) Original Amount of Loan</th>
<th>(g) Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Reed</td>
<td>Town of Fairfax</td>
<td>$2,900</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td>$2,000</td>
<td>2020</td>
</tr>
<tr>
<td>Fairfax, CA 94930</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>IND [ ] COM [ ] OTH [ ] PTY [ ] SCC [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>John Reed</td>
<td>Town of Fairfax</td>
<td>$2,900</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td>$2,000</td>
<td>2020</td>
</tr>
<tr>
<td>Fairfax, CA 94930</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>IND [ ] COM [ ] OTH [ ] PTY [ ] SCC [ ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2020</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period

   (Total Column (b) plus unitemized loans of less than $100.) $0

2. Loans paid or forgiven this period

   (Total Column (c) plus loans under $100 paid or forgiven.) $2,900

3. Net change this period. (Subtract Line 2 from Line 1.) NET $ (2,900)

   Enter the net here and on the Summary Page, Column A, Line 2.

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

** If required.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Schedule E Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from 10/18/2020**
- **through 12/31/2020**

**CALIFORNIA FORM 460**

**Page 6 of 6**

**NAME OF FILER**

John Reed

**I.D. NUMBER**

1429674

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

- **CMP** 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
- **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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CCDE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 0
2. Unitemized payments made this period of under $100 ................................................................. $ 358
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)  .... TOTAL $ 358

FPPC Form 460 (Jan/2016))
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www.fppc.ca.gov