

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84218.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/22/13 through 10/19/13

Date of election if applicable: (Month, Day, Year) 11/05/13



Date Stamp

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

COVER PAGE

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 5)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preselection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preselection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ELECT RICK DEGOLIA ATHERTON COUNCIL 2013

ID NUMBER
1359591

Treasurer(s)

NAME OF TREASURER
RICK DEGOLIA

MAILING ADDRESS
84 CLAY DRIVE

CITY
ATHERTON,

STATE
CA, ZIP CODE
94027 AREA CODE/PHONE
650-793-2800

STREET ADDRESS (NO P.O. BOX)
84 CLAY DRIVE

CITY
ATHERTON, STATE
CA, ZIP CODE
94027 AREA CODE/PHONE
650-793-2800

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY STATE ZIP CODE AREA CODE/PHONE

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 Oct 24 2013

Executed on _____

Executed on _____

Executed on _____

X By Richard C. Degolia Signature of Treasurer or Assistant Treasurer

By Richard C. Degolia 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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICK DECOLIA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
TOWN OF ATHERTON COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
84 CLAY DRIVE, ATHERTON, CA, 94027

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
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	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 9/22/13 through 10/19/13

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ID. NUMBER 1359391

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER COMMITTEE TO ELECT RICK DECOLIA ATHERTON COUNCIL 2013

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 16545	\$ 23439
2. Loans Received	Schedule B, Line 3 0000	0000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 16545	\$ 23439
4. Nonmonetary Contributions	Schedule C, Line 3 0000	0000
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 16545	\$ 16545

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 4942	\$ 8181
7. Loans Made	Schedule H, Line 3 0000	00000
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4942	\$ 8181
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0000	0000
10. Nonmonetary Adjustment	Schedule G, Line 3 0000	0000
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 4942	\$ 8181

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3655	
13. Cash Receipts	Column A, Line 3 above \$ 16545	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0000	
15. Cash Payments	Column A, Line 8 above \$ 4942	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 15258	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0000

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0000
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0000

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*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	\$ _____
/ /	\$ _____

*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.

Statement covers period
from 9/22/13
through 10/19/13

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ELECT RICK DEGIOLA ATHERTON COUNCIL 2013

I.D. NUMBER
1359391

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
		<input 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"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEE ATTACHED TWO PAGES ITEMIZED CONTRIBUTIONS \$ 100 OR MORE			
		<input 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				
SUBTOTAL \$				15560		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15560
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 985
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16545

*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

ELECT RICK DEGOLIA ATHERTON COUNCIL 2013 ID 1359391, CALIFORNIA FORM 460 SCHED A
 CONTRIBUTIONS \$100 OR MORE, SEPTEMBER 22,2013 THRU OCTOBER 19,2013 PG 5 of 8

NAME	ADDRESS	CLASS	EMPLOYED	CO.	AMOUNT
J. HANNAY	[REDACTED] Burlingame , Ca. 94010		RET	----	500
S. BYERS	[REDACTED] Woodside, Ca. 94-62		HOME	----	970
CHR. DAVID	[REDACTED] Atherton, Ca. 94027	IND	HOME	-----	250
S,HAILEY	[REDACTED] Atherton, Ca. 06027	IND	HOME	----	100
M. TAO	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	291
M.A. LADRA	[REDACTED] Atherton, Ca., 94027	IIND	ATTORNEY	LATHAM WATKINS	500
LISA SCHATZ	[REDACTED] Atherton, C., 94027	IND	HOME	----	100
J. MANUS	[REDACTED] Atherton, Ca., 94027	IND	HOME	----	500
WAY FAMILY	[REDACTED] Atherton,Ca.94027	IND	RET	----	250
R. KONIINGSTEIN	[REDACTED] Atherton Ca. 94027	IND	ENGR.	GOOGLE	3000
B.H. BYERS	[REDACTED] Menlo Park, Ca. 04025	IND	VENTURE CAPITAL	KLIENER, PERKINS, CAUFIELD, BYERS	1000
M.E. OSTER	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	100
S. WESTLEY	[REDACTED] Atherton, Ca. 94027	IND	RET	----	1000
B.M. ALVAREZ	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	250
V. GARDNER	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	500
KAY CLARKE	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	400
LORI BOURET	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	97
D.S. ROSATI	[REDACTED] Atherton, Ca. 94027	IND	ATTORNEY	WILSON,SANSONI GOODWIN, ROSATI	200
KIN YOUNG	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	300

PAGE SUB TOTAL \$ 10308

ELECT RICK DEGOLIA ATHERTON COUNCIL 2013 ID #1359391 CALIFORNIA FORM 460 SCHED A
 CONTRIBUTIONS \$100 OR MORE, SEPTEMBER 22, 2013 THRU OCTOBER 19, 2013 PG 6 of 8

NAME	ADDRESS	CLASS	EMPLOYED	CO.	AMOUNT
M. STEVENS	[REDACTED] Atherton, Ca. 94027	IND	VENTUURE CAPITAL	S-CUBED CAPITAL	100
J. THIBAULT	[REDACTED] Atherton, Ca. 94027	IND	RET.	---	250
H. MACDONELL	[REDACTED] Atherton, Ca. 94027	IND	HOME	----	100
A. MAYAR-JOY	[REDACTED] Atherton, Ca. 94027	IND	RET	---	200
BOB HELLMAN	[REDACTED] Atherton, Ca. 94027	IND	RET	---	485
ELLEN BAKER	[REDACTED] Menlo Park Ca. 94025	IND	OFFICE MGR	W.E. SPIEKER	198
L. FREEMAN	[REDACTED] Menlo Park Ca. 94925	IND	HOME	----	500
P. TONELLI	[REDACTED] Atherton, Ca. 94927	IND	BDCASTR	CUMULUS MEDIA	300
B. PEYTON	[REDACTED] Atherton, Ca. 94027	IND	HOME	---	100
R. O'DONNELL	[REDACTED] Atherton, Ca. 94027	IND	RET	---	100
M. SALAME	[REDACTED] Atherton, Ca. 94027	IND	RET	----	242
P. GRASSI	[REDACTED] Atherton, Ca. 94027	IND	RET	----	200
S. BUSCHEMI	[REDACTED] Atherton, Ca. 94027	IND	RET	----	485
E.A. JEKOT	[REDACTED] Menlo Park, Ca. 94025	IND	HOME	---	1500
J. O'BRIEN	[REDACTED] Menlo Park, Ca. 94025	IND	HOME	----	242
B. ROSS	[REDACTED] Atherton, Ca. 94027	IND	CFO	EXPONENT, INC.	250

PAGE SUB TOTAL \$5252

TOTAL CONTRIBUTIONS \$100 OR MORE 9/22/13 THRU 10/19/13 \$15560
 TOTAL CONTRIBUTIONS LESS THAN \$100, PERIOD, \$ 985
 TOTAL PERIOD CONTRIBUTIONS \$16545

Schedule E Payments Made

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

SCHEDULEE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ELECT RICK DECOLIA AHERBTON COUNCIL 2013

Statement covers period
from 9/22/13
through 10/19/13

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I.D. NUMBER
1359391

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

- | | | |
|--|--|--|
| CAF 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 tv. or cable airtime and production costs |
| FL candidate filing/pollot 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 |
| LT 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
			SEE ATTACHED PAGE FOR ITEMIZED PAYMENTS \$100 OR MORE	
SUBTOTAL \$				4880

Schedule E Summary

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- Itemized payments made this period: (Include all Schedule E subtotals) \$ 4880
 - Unitemized payments made this period of under \$100 \$ 62
 - Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 000
 - Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 4942

ELECT RICK DEGOLIA ATHERTON COUNCIL 2013, ID#1359391, CALIFORNIA FORM 460 SCHED E

EXPENDITURES \$100 OR MORE , 9/22/13 THRU 10/19/13

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NAME AND ADDRESS	CODE	DESCRIPTION/ DATE	AMOUNT PAID \$
CRAFTSMEN PRINTING 6660 VIA DEL ORO SAN JOSE, Ca. 05119	CMP	MAILER 9/23	598
	CMP	POSTCARDS 10/10	2062
	CMP	HANDOUT 10/22	630
			(3290)
EMBARCADERO MEDIA 450 CAMBRIDGE AVE PALO ALTO , CA,	PRT	ALMANAC AD 9/26	1102
SUPER SIGNS 108 POMONA AVE. GREENSBORO, N.C.	CMP	SIGNS 10/01	324
ALTOS SERVICES 935B BREWSTER AVE REDWOOD CITY, CA. 94063	CMP	SIGNS/STAKES 10/11	164
		PAGE SUBTOTAL	\$4880
		EXPENDITURE LESS THAN \$100	\$ 62
		TOTAL PERIOD EXPENDITURE	\$ 4942