

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

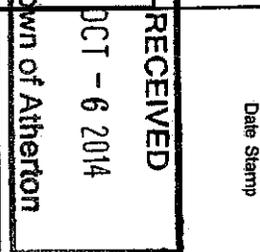
Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/30/14
through _____

Date of election if applicable:
(Month, Day, Year)
11/04/14



Date Stamp _____
CALIFORNIA FORM **460**
Page 1 of 6
For Official Use Only

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- 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

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

I.D. NUMBER 359391

Treasurer(s)

NAME OF TREASURER
RICK DEGOLIA

RE ELECT RICK DEGOLIA ATHERTON COUNCIL 2014

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

CITY ATHERTON, STATE CA, ZIP CODE 94927 AREA CODE/PHONE 650-793-2800

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY
CITY ATHERTON, STATE CA, ZIP CODE 94927 AREA CODE/PHONE 650-793-2800

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 10/6/14 X By Rick Degolia

Executed on 10/6/14 X By Rick Degolia

Executed on _____ Date _____

Executed on _____ Date _____

Signature of Treasurer, Assistant Treasurer
Rick Degolia

Signature of Controlling Officer/Officer of Sponsor
Rick Degolia

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RITA PEROLA

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
84 CLAY DRIVE HERBERTON, 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	STREET ADDRESS (NO P.O. BOX)	
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	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	<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

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

SUMMARY PAGE
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **RE-ELECT RICK DECOLLA AMHERSTON COUNCIL** 2014

Statement covers period
from 09/01/14
through 09/30/14

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I.D. NUMBER
1359391

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5376	\$ 5578
2. Loans Received	Schedule B, Line 3 0000	00000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5376	\$ 5578
4. Nonmonetary Contributions	Schedule C, Line 3 0000	0000
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5376	\$ 5578

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

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 5890	\$ 5890
7. Loans Made	Schedule H, Line 3 000000	0000
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5890	\$ 5890
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 00000	00000
10. Nonmonetary Adjustment	Schedule G, Line 3 0000	0000
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 5890	\$ 5890

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)	____/____/____	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 13475	
13. Cash Receipts	Column A, Line 3 above 5376	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0000	
15. Cash Payments	Column A, Line 8 above 5890	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 12961	

*Amounts in this section may be different from amounts reported in Column B.

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 00000
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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).

Schedule A
Monetary Contributions Received

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

Statement covers period
from 07/01/14
through 09/30/14

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
RE-ELECT RICK DEGOLIA AHERERTON COUNCIL @014

I.D. NUMBER
1359391

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID, 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)
07/31/14	STEVE WESTLEY ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VENTURE CAPITAL	3001	3001	
07/14/14	K. K. FRANKLIN ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REST	100	1000 100	
08/25/14	KAY CLARKE ATHERTON, CA. 04027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME	500	500	
09/12/14	JOHN WORTHING ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REST	1000	1000	
09/17/14	MARION OSTER ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOME	200	200	
SUBTOTAL \$					4801	

Schedule A Summary

- Amount received this period - Itemized monetary contributions. (Include all Schedule A subtotals.) 4801 + 500 \$ 5301
- Amount received this period - Unitemized monetary contributions of less than \$100 \$ 75
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5376

*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.

Statement covers period
from 07/01/14
through 09/30/14

SCHEDULE A (CONT)
CALIFORNIA
FORM **460**

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I.D. NUMBER
1359391

NAME OF FILER: **RE-ELECT RICK DEGOLIA ATHERTON COUNCIL 2014**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
09/17/14	ANTHONY MEIER [REDACTED] ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETI	300	300	
09/18/14	ROBERT ROESER [REDACTED] ATHERTON, CA. 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETI	200	200	
				SUBTOTAL \$ 500		

*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 07/01/14
through 09/30/14

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1359391

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER RE-ELECT RICK DECOLIA AHERTON COUNCIL 2014

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
- FL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- FOS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RHD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOWN OF AHERTON 91 ASHFIELD RD. AHERTON, CA. 94027	FIL		FILING FEE	400
SUPER SIGNS 108 BOLHEMUS AVE. GREENSBORO, N.C.	CMP		SIGNS	275
EMBARCADERO MEDIA 450 CAMBRIDGE AVE. PALO ALTO, CA.	PRT		ADVERT.	5017
SUBTOTAL \$				5692

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5692
2. Unitemized payments made this period of under \$100 \$ 198
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0000
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 5890**