

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

FILED IN THE OFFICE OF THE  
CLERK OF THE SUPERIOR COURT  
OF SAN MATEO COUNTY, CALIF.

CALIFORNIA FORM 460

MAR 23 2010 Page 1 of 6

WARREN SLOCUM, Chief Elections Officer  
By: [Signature] DEPUTY CLERK

For Official Use Only

ENTERED

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1-1-2010  
through 3-1-2010

Date of election if applicable:  
(Month, Day, Year)  
JUNE 8 2010

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

I.D. NUMBER  
1323683

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

MATT GROCOTT for San Mateo  
COUNTY SUPERVISOR 2010

STREET ADDRESS (NO P.O. BOX)

535 WALNUT ST #A

CITY STATE ZIP CODE AREA CODE/PHONE

SAN CARLOS CA 94070 (650) 703 3585

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

P.O.B. 620912

CITY STATE ZIP CODE AREA CODE/PHONE

WOODSIDE CA 94062

OPTIONAL: FAX / E-MAIL ADDRESS

VOTE4MATT@AOL.COM

Treasurer(s)

NAME OF TREASURER

MATT GROCOTT

MAILING ADDRESS

P.O.B. 620912

CITY STATE ZIP CODE AREA CODE/PHONE

WOODSIDE CA 94062

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 3/21/2010  
Date

Executed on 3/21/2010  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MATT GRODOTT

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

HOLD CITY OF SAN CARLOS / SEEK DISTRICT 3 SAN  
COUNCIL MEMBER / MATEO COUNTY PD. OF SUPS.

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

535 WALNUT ST. #A SAN CARLOS CA 94070

**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 1-1-2010  
through 3-1-2010

CALIFORNIA  
FORM **460**

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATT GROCOTT

I.D. NUMBER

1323683

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ <u>635.00</u>   | \$ <u>635.00</u>                           |
| 2. Loans Received .....               | Schedule B, Line 3 | \$ <u>-0-</u>  | \$ <u>-0-</u>                              |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ <u>635.00</u>   | \$ <u>635.00</u>                           |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$ <u>-0-</u>  | \$ <u>-0-</u>                              |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ <u>635.00</u>   | \$ <u>635.00</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

|  |                      |                 |                 |
|--|----------------------|-----------------|-----------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ <u>22.95</u> | \$ <u>22.95</u> |
| 7. Loans Made .....                      | Schedule H, Line 3   | \$ <u>-0-</u>   | \$ <u>-0-</u>   |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ <u>22.95</u> | \$ <u>22.95</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$ <u>-0-</u>   | \$ <u>-0-</u>   |
| 10. Nonmonetary Adjustment .....         | Schedule G, Line 3   | \$ <u>-0-</u>   | \$ <u>-0-</u>   |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ <u>22.95</u> | \$ <u>22.95</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>-0-</u>    |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | \$ <u>635.00</u> |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | \$ <u>-0-</u>    |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | \$ <u>22.95</u>  |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>612.05</u> |

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ -0- |

## Cash Equivalents and Outstanding Debts

|                             |                                       |               |
|-----------------------------|---------------------------------------|---------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ <u>-0-</u> |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ <u>-0-</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 A (Continuation Sheet)**  
**Monetary Contributions Received**

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

Statement covers period  
 from 1-1-2010  
 through 3-1-2010

SCHEDULE A (CONT.)

CALIFORNIA  
 FORM **460**

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NAME OF FILER

MATT GROCOTT

I.D. NUMBER

1323683

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------------|---|---|---|-----------------------------------|---|--|
| 2/1<br>2010      | CATHY BAYLOCK<br>1527 NEWLANDS AVE<br>BURLINGAME CA 94010                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CITY OF<br>BURLINGAME<br>COUNCIL<br>MEMBER  | \$250                             | \$250   |  |
| 2/18<br>2010     | CREPAC/BORPAC<br>SAN MATEO COUNTY #890106<br>525 SOUTH VIRGIL AVE<br>LOS ANGELES, CA 90020      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$250                             | \$250   |  |
|                  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                                   |   |  |
|                  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                                   |   |  |
|                  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                                   |   |  |
| SUBTOTAL \$      |   |   |   | <u>500</u>                        | <u>\$500</u>  |  |

**\*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

FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

**Schedule A**  
**Monetary Contributions Received**

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

Statement covers period  
from 1-1-2010  
through 3-1-2010

SCHEDULE A

CALIFORNIA **460**  
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1323683

MATT BRODOTT

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

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) ..... \$ 500.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 135.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 635.00

\*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E**  
**Payments Made**

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

|  |  |  |
|--|--|--|
| Statement covers period<br>from <u>1-1-2010</u><br>through <u>3-1-2010</u> |  | SCHEDULE E<br><b>CALIFORNIA FORM 460</b> |
|  |  | Page <u>6</u> of <u>6</u>                |
|  |  | I.D. NUMBER<br><u>1323683</u>            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

|   |   |   |
|---|---|---|
| OMP 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| CHASE BANK  | OFC     | CHECKING SUPPLIES      | 22.95       |
|   |         |                        |             |
|   |         |                        |             |

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

SUBTOTAL \$ 22.95

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 22.95
- Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 22.95

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**FILED** IN THE OFFICE OF THE  
CHIEF ELECTIONS OFFICE  
OF SAN MATEO COUNTY, CALIF

**CALIFORNIA  
FORM 460**

COVER PAGE

MAY 27 2010

Page 1 of 7

For Official Use Only

Statement covers period  
from 3-2-2010  
through 5-22-2010

Date of election if applicable:  
(Month, Day, Year)

June 8, 2010

WARREN SLOCUM, Chief Elections Officer

DEPUTY CLERK

SEE INSTRUCTIONS ON REVERSE

**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**

I.D. NUMBER  
1323683

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

Matt Grocott for San Mateo  
County Supervisor 2010

STREET ADDRESS (NO P.O. BOX)

535 Walnut St. #A

CITY STATE ZIP CODE AREA CODE/PHONE

San Carlos CA 94070 650.703.3585

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

P.O. Box 620912

CITY STATE ZIP CODE AREA CODE/PHONE

Woodside CA 94062 650.703.3585

OPTIONAL: FAX / E-MAIL ADDRESS

Vote4Matt@aol.com

**Treasurer(s)**

NAME OF TREASURER

Alice Weiss

MAILING ADDRESS

140 South Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE

San Mateo CA 94402 650.430.5732

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 5-26-10  
Date

Executed on 5-27-10  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Alice Weiss  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Matt Brocott

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

Hold City of San Carlos / seek District 3 San Mateo  
Council Member / County Board of Supervisors

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

535 Walnut St. # A, San Carlos, CA 94060

**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 3-2-2010  
through 5-22-2010

CALIFORNIA  
FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Grocott

I.D. NUMBER

1323683

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>1,623</u>  | \$ <u>2,258</u>                            |
| 2. Loans Received ..... Schedule B, Line 3            | <u>4,240</u>   | <u>4,240</u>                               |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>5,863</u>  | \$ <u>6,498</u>                            |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>5,863</u>  | \$ <u>6,498</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

|   |                    |                    |
|---|--------------------|--------------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>5,914.24</u> | \$ <u>5,937.19</u> |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>           | <u>0</u>           |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>5,914.24</u> | \$ <u>5,937.19</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>           | <u>0</u>           |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>           | <u>0</u>           |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>5,914.24</u> | \$ <u>5,937.19</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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

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

## Current Cash Statement

|   |                  |
|---|------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>612.05</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>5,863.00</u>  |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>         |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>5,914.24</u>  |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>560.81</u> |

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

|   |             |
|---|-------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>0</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).

**Schedule A**  
**Monetary Contributions Received**

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>3-2-2010</u><br>through <u>5-22-2010</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>4</u> of <u>7</u>   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Math Grocott

I.D. NUMBER

1323683

| DATE RECEIVED            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------------|---|---|---|-----------------------------------|---|--|
| 3/4<br>2010              | Margi Kangas<br>1166 Manor Dr.<br>San Carlos, CA 94070  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$ 100                            | \$ 100  |  |
| 3/31<br>2010             | Alan Benno<br>800 Polhemus Rd #4<br>San Mateo, CA 94402   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Contractor<br>Benno Construction  | \$ 500                            | \$ 500  |  |
| 4/5<br>2010              | Andrew Peceimer<br>1575 Bayshore Hwy Ste 100<br>Burlingame, CA 94010                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br>Westbay Real<br>Estate Group   | \$ 300                            | \$ 300  |  |
| 4/24<br>2010             | Patricia Lindberg<br>585 South Rd.<br>Belmont, CA 94002   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$ 100                            | \$ 100  |  |
| 5/19<br>2010             | Nina Pelligrini<br>1430 Audobon Ave.<br>Montara, CA 94037                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Producer<br>Vita Productions  | \$ 250                            | \$ 250  |  |
| SUBTOTAL \$ <u>1,250</u> |   |   |   |                                   |   |  |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,250
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 373
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1,623

**\*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period  
from 3-2-2010  
through 5-22-2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Matt Brocott

I.D. NUMBER

1323683

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*  | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN       | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE           |
|--|---|---|--|--|---|--|--|---|
| Matt Brocott<br>535 Walnut St. #A<br>San Carlos, CA 94070<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Residential Design<br>Brocott Design<br>City of San Carlos<br>Council Member                        | \$ <u>4240</u>  | \$ <u>4240</u>                           | <input type="checkbox"/> PAID<br>\$ <u>0</u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>0</u> | \$ <u>4240</u><br>DATE DUE                                  | <u>0</u> %<br>RATE<br><u>0</u>         | \$ <u>4240</u><br>3/11/10<br>DATE INCURRED | CALENDAR YEAR<br>\$ <u>4240</u><br>PER ELECTION**<br>\$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$  | \$                                       | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                   | \$<br>DATE DUE  | %<br>RATE                              | \$<br>DATE INCURRED                        | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$             |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$  | \$                                       | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$                   | \$<br>DATE DUE  | %<br>RATE                              | \$<br>DATE INCURRED                        | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$             |
| SUBTOTALS  |   | \$ <u>4240</u>  | \$                                       | \$ <u>4240</u>   | \$  |  |  |   |

## Schedule B Summary

1. Loans received this period ..... \$ 4240  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(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 \$ 4240  
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 E Payments Made

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

SCHEDULE E

|   |  |                               |
|---|--|-------------------------------|
| Statement covers period<br>from <u>3-2-2010</u><br>through <u>5-22-2010</u> |  | CALIFORNIA<br>FORM <b>460</b> |
| Page <u>6</u> of <u>7</u>   |  | I.D. NUMBER<br><u>1323683</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Math Grocott

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Warren Storum Chief Elections Officer & Assessor<br>40 Tower Rd.<br>San Mateo, CA 94402 | FIL     |                        | \$837.71    |
| Warren Storum Chief Elections Officer & Assessor<br>40 Tower Rd.<br>San Mateo, CA 94402 | FIL     |                        | \$3980.00   |
| Neighborhood Radio<br>85 Creekside Dr.<br>Half Moon Bay, CA 94019                       | RAD     |                        | \$100.00    |

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

SUBTOTAL \$ 4917.71

## Schedule E Summary

|  |                         |
|--|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>5737.71</u>       |
| 2. Unitemized payments made this period of under \$100   | \$ <u>176.53</u>        |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0</u>             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>5914.24</u> |

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

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

SCHEDULE E (CONT.)

Statement covers period  
from 3-2-2010  
through 5-22-2010

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Math Brocott

I.D. NUMBER

1323683

**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  
POS postage, delivery and messenger services  
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)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT                            | AMOUNT PAID |
|--|---------|---|-------------|
| Robert Fernandez<br>P.O. Box 294<br>Half Moon Bay, CA 94019                      | FND     | Payments for food and beverages<br>Reimbursement. | \$ 320.00   |
| San Mateo Daily Journal<br>800 S. Claremont St., Ste. 210<br>San Mateo, CA 94402 | PRT     |   | \$ 500.00   |
|  |         |   |             |
|  |         |   |             |
|  |         |   |             |

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

**SUBTOTAL \$ 820.00**