Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Date Stamp: RECEIVED CITY OF MOUNTAIN VIEW '04 OCT -5 P4:54 OFFICE OF CITY CLERK

Page 1 of 17

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2004 through 9/30/2004

Date of election if applicable: (Month, Day, Year) NOVEMBER 2 2004

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

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

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1268975

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Laura Macias for Mountain View City Council

STREET ADDRESS (NO P.O. BOX):

CITY: Mountain View STATE: CA ZIP CODE: 94040 AREA CODE/PHONE:

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: lauramacias@juno.com

Treasurer(s)

NAME OF TREASURER: MARTHA JENSEN

MAILING ADDRESS:

CITY: MOUNTAIN VIEW STATE: CA ZIP CODE: 94040 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: Laura Macias

MAILING ADDRESS:

CITY: Mountain View STATE: CA ZIP CODE: 94040 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 October 5, 2004 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 5, 2004 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) 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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Laura Macias

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

Council Member, City of Mountain View

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

Mtn View CA 94040

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. 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 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

CALIFORNIA FORM 460

Statement covers period from 1/1/2004 through 9/30/2004

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4000.00	$ 4000
2. Loans Received	Schedule B, Line 3	Ø	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4000	$ 4000
4. Nonmonetary Contributions	Schedule C, Line 3	45.00	45
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4,045	$ 4045

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 521.00	$ 521
7. Loans Made	Schedule H, Line 3	Ø	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 521.00	$ 521
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4415.00	4415
10. Nonmonetary Adjustment	Schedule C, Line 3	—	—
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 521.00	$ 521

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	85.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	0
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 85.00

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ Ø

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 4415

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	$ Ø	$
21. Expenditures Made	$ Ø	$

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. 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.

SCHEDULE A

Statement covers period
from 1/1/2004
through 9/30/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/6	Donnie Foster MV 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant self Tenacity	200.00	200.00	
9/2	Melissa VanVelthuisen Austin TX	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	50.00	50.00	
9/5	Ann Stephens Sunnyvale CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgr, Adaptec	100.00	100.00	
9/20	Joan Crownover MV CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
9/20	Sue Graham MV CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Mgr	100.00	100.00	
			SUBTOTAL $	550		

Schedule A Summary

1. Amount received this period – contributions of $~~100~~ 50 or more. (Include all Schedule A subtotals.) ..... $ 3915
2. Amount received this period – unitemized contributions of less than $~~100~~ 50 ..... $ 85.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4000 –

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 1/01/04
through 9/30/04

Page 5 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/24	Don Tuck Mountain View	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	selfemp FineTouch Painting	50.00	50.00	
9/26	Jim Cochran Mountain View 94043	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	75.00	75.00	
9/26	Jean McCloskey Mountain View 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self emp Consultant Tenacity	50.00	200.00	
9/26	Lori Hart Benington San Jose 95126	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self-emp contract solutions	100.00	100.00	
9/3	Helen Landsman Mountain View 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	50.00	50.00	
			SUBTOTAL $	325.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 1/1/04
through 9/30/04

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/11	Gloria Moraga Mesa Az 85203	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker Retired	50.00	50.00	
9/11	Connie Vizcarra Tempe Az 85281	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Secretary, Arizona State University	50.00	50.00	
9/11	James Fiebery Tempe Az 85282	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Administrator, Arizona State University	50.00	50.00	
9/11	Maria S. Marquez Oracle Az 85623	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker Retired	50.00	50.00	
9/11	An' All that Jazz Hair Salon Phoenix Az 85014	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	
			SUBTOTAL $	300.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/2004
through 9/30/2004

CALIFORNIA FORM 460

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/11	Rose Linda Corona Mammoth AZ 85618	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Bus driver	50.00	50.00	
9/11	Anna Heffron Phoenix AZ 85028	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst America West Arena	200.00	200.00	
9/11	EDA Technologies Phx Az 85048	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.00	
9/11	Jennie Marquez Mesa Az 85210	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator, Motorola	50.00	50.00	
9/6	Diane Valencia Tucson Az	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Trainer	100.00	200.00	

SUBTOTAL $ 550

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

Statement covers period
from 8/1/2004
through 9/30/2004

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/23	Norma Macias Phoenix AZ 85048	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgr, Checkfree	250.00	250.00	
9/1	Mary Sue Bizzarri Palo Alto CA 94306	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgr,	200.00	200.00	
8/25	Pamela Magie San Carlos CA 9470	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administration Veritas	100.00	100.00	
8/30	Virginia Shiel Phoenix AZ 85015	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Homemaker	50.00	50.00	
9/5	Gregory Macias Wash DC 20009	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgr, AARP	135.00	135.00	

SUBTOTAL $ 735.00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 1/01/2004
through 2/1/2004

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
8/18	Anita Haskell York ME 03909	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Trainer	50.00	50.00	
8/24	Marti Kullen Park City UT 84060	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Tech Mgr	100.00	100.00	
8/20	Elaine Migliore Belmont 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Prog Mgr Siebel	100.00	100.00	
8/24	Mary Rose Godinez Phoenix Az 85041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Homemaker	100.00	100.00	
8/25	Lydia Macrus Phx Az 85014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, Homemaker	500.00	600.00	
			SUBTOTAL $	400.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 1/1/04
through 9/30/04

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
8/2	Ronit Bryant Mtn View CA 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Tech Editor, contractor	120.00	120.00	
8/4	Debra Gordon Mountain View 94040	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychologist, private practice	100.00	100.00	
8/14	Diane Valencia Tucson AZ 85739	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired, IBM program manager	100.00	200.00	
8/15	Susan MacNicoll San Mateo CA 94401	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mathametician, PG&E	100.00	100.00	
8/10	Nancy Schulman Belmont CA 94002	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Tech manager NEKTAR	50.00	50.00	

SUBTOTAL $ 520

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 1/1/2004
through 9/30/2004

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268978

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
9/5	Jean McCloskey MV 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant self tenacity	150 00	150 00	
9/25	FPPC: 810014 Tri County Apart Ass SACTO CA 95814	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500 00	500 00	
9/29	California League of SJC CA 95109	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250 00	250 00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 900 00

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ _____

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 8/11/04
through 9/30/04

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268978

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
8/6	Lydia Macias Phoenix AZ 85014	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired homemaker	100.00	600.00	—
8/10	Pam Miller San Jose CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	sales exec, IKON	50.00	50.00	—
7/26	Laura Macias Mtn View	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Consultant, Geeblk Works	110.00	110.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 260.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 1/1/2004
through 9/30/2004

Page 13 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 126897r

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $

Schedule C Summary

1. Amount received this period – nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.) ..... $
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 45 00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 45 00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 1/1/2004
through 9/30/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

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
Weaver Photography Mtn View 94043	LIT	Photo, professional	216 -
Monta Loma Newsletter Mtn View 94043	PRT		175 -
Perry Political Mtn View 94041	CMP	Registrar of Voters database	30 -

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

SUBTOTAL $ 421 -

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 521 00
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 521 00

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 7/1/04
through 9/30/04

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

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
Steve Cutcomb Mountain View 94040		sign materials, staples wooden posts, screws	100.00

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

SUBTOTAL $ 100

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period from 1/1/2004 through 9/30/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268978

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
A&E Print Shop WELLS FARGO CHARGE SJC 94124	LIT brochures	Ø	1459.00	Ø	1459.00
Pacific Printing SOC 95112	LIT Signs	Ø	579.00	Ø	579.00
Voice WELLS FARGO Charge Mtn View 94042	Print and Mail - LIT	Ø	1510.00	Ø	1510.
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS $			$ 3548	$	$ 3548

Schedule F Summary

1. 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 $ 4936
2. 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 $ 521
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ 4415.00 (May be a negative number)

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

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

SCHEDULE F (CONT.)

Statement covers period
from 1/1/2004
through 9/30/2004

CALIFORNIA FORM 460

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

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
Chris Sakelarios Redwood City CA	CMP blue ribbons for kids' run	Ø	49.71	Ø	49.71
Old Mountain View Neighborhood Assn. Mtn View 94041	PRT	Ø	660.00	Ø	660.00
Wells Fargo Credit - WELLS FARGO CHARGE	Kinkos printing miscellaneous	Ø	158.00	Ø	158.00
	SUBTOTALS $		$ 867	$	$ 867