COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2004 through 9/30/04

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

Date Stamp: RECEIVED CITY OF MOUNTAIN VIEW '04 OCT -8 A11:44

CALIFORNIA 2001/02 FORM 460

Page 1 of 6

For Official Use Only

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:

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

Add addresses, titles and two donations recvd before 9/30/04

OFFICE OF CITY CLERK

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: laura macias@juno.com

Treasurer(s)

NAME OF TREASURER: MARTHA JENSEN

MAILING ADDRESS:

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

NAME OF ASSISTANT TREASURER, IF ANY: Laura Macias

MAILING ADDRESS:

CITY: Mtn 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 Oct. 8 2004 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 8 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

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

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1268975

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALT O DATE
1. Monetary Contributions	Schedule A, Line 3	$ 4550.00	$ 4550.00
2. Loans Received	Schedule B, Line 7	Ø	Ø
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 4550.00	$ 4550.00
4. Nonmonetary Contributions	Schedule C, Line 3	45.00	45.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4595.00	$ 4595.00

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	$

Expenditures Made

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

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	4550.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	521.00
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 4029.00

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

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ Ø
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 4415.00

AMENDMENT

Schedule A
Monetary Contributions Received

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

Statement covers period
from 9/1/2004
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)
9/6	Donnie Foster MV 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant self Tenacity	200.00	200.00	
9/2	Melissa VanVelhuisen 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 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
9/20	Sue Graham MV CA 94040	☑ 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.) ..... $ 4465.00
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 $ 4550

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

AMENDMENT

SCHEDULE A

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

CALIFORNIA FORM 460

I.D. NUMBER 1268975

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Laura Macias

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, Paycyle	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 85013	☑ 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

AMENDMENT

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 8/1/04
through 8/30/04

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268778

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 95120	☑ 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, Gestalt Works	110.00	110.00	
9/30	Mountain View Housing Council MV 94040 PAC 881989	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/28	Bernadette Gonzalez SFO CA 94123	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Inside Sales, ORACLE	50.00	50.00	

SUBTOTAL $ 710

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