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 21 P3:54 OFFICE OF CITY CLERK

Page 1 of 9

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/1/04 through 10/16/04

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

MAILING ADDRESS:

CITY: MV STATE: CA ZIP CODE: 94040 AREA CODE/PHONE:

NAME OF ASSISTANT TREASURER, IF ANY: Laura Macias

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 Oct 21 2004 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on Oct 21. 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 10/1/2004
through 10/16/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268978

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALT O DATE
1. Monetary Contributions	Schedule A, Line 3	$ 3217	$ 8167
2. Loans Received	Schedule B, Line 7	2500	2500
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5717	$ 5697
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5717	$ 5697

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1396	$ 1396
7. Loans Made	Schedule H, Line 7	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1396	$ 1396
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	3238	6207
10. Nonmonetary Adjustment	Schedule C, Line 3	Ø	Ø
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 4634	$ 7603

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 4429
13. Cash Receipts	Column A, Line 3 above	5717
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	1396
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 8750

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	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 8705

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

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(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

CALIFORNIA FORM **460**

Statement covers period
from 10/1
through 10/16

Page 4 of 9

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)
10/5/04	CY H Company Mtn View 94041	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		150.00	150.00	150.00
10/8/04	Tom Cochran San Jose 95112	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mgr. Bank of the West	100.00	100.00	100.00
10/13/04	Debra Gordon, Phd Mtn View	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychologist, private practice	100.00	200.00	
10/9/04	R. G. Hayter Mtn View 94040	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	100.00
10/12/04	Friends of Liz Kniss Palo Alto 94301 ID: 1237928	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		100.00	100.00	

SUBTOTAL $ 550.00

Schedule A Summary

1. Amount received this period – contributions of $~~100~~ 50 or more. (Include all Schedule A subtotals.) ..... $ 2400.00
2. Amount received this period – unitemized contributions of less than $~~100~~ 50 ..... $ 817.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 3217.00

*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.)

CALIFORNIA FORM 460

Statement covers period
from 10/1/2004
through 10/16/2004

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)
10/16/04	Alice Martineau Mountain View 94041	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Volunteer	75.00	75.00	
10/14/04	Mountain View Prof Firefighters PAC Local 1965 ID 1229347 Soquel CA 95073	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
10/16/04	Anna Heffron Phoenix AZ 85028	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst, America West Arena	150.00	350.00	
10/16/04	Rita Schueling Danville 94526	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Community Volunteer	300.00	300.00	
10/17	Dr Mary Lou Zoglin Mtn View 94040	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member, City of Mtn View	75.00	75.00	

SUBTOTAL $ 1100

*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 10/1
through 10/16

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macras

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)
10/1/04	Democrats Activists San Jose CA ID 950169	☑ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00	
10/13	Abhwani Kumar Bhakhri South San SFO 94080	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Holiday Express	250	250.00	
10/13	Bikram Singh San Jose 95138	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	owner Yellow Cab	150.00	150.00	
10/10	Rama Lal Fremont 94538	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Photographer, Rama Productions	50.00	50.00	
10/16	Tomeo Kawata MV 94040	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Mechanic	50.00	50.00	

SUBTOTAL $ 750

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 B – Part 1
Loans Received

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

Statement covers period
from 10/1/2004
through 10/16/2004

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Laura Macias

I.D. NUMBER: 1268975

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Laura Macias Mountain View CA 94040 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant, Gestalt Works	$ 0	$ 2500.00	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 2500.00 DATE DUE ____	0 % RATE $ ____	$ 2500 DATE INCURRED 10/15/04	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 2,500	$		$ 2,500	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 2500.00
   (Total Column (b) plus unitemized loans 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** $ 2500.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† 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.

Statement covers period
from 10/1/2004
through 10/16/2004

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
Old Mountain View Neighborhood Asn Mtn View 94041	PRT	newsletter	660.00
Pacific Printing SJC 95112	LIT	signs	579.

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

SUBTOTAL $ 1239

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 1239
2. Unitemized payments made this period of under $100 ..... $ 157
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 1396

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 10/1/04
through 10/16/04

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 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
Wells Fargo Charge voice 2770 PRINTING A+E 350 COPY KINKOS 118	LIT/PRT	2969	3238	Ø	6207
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS $		2969	$ 3238	$ 0	$ 6207

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 $** 3238
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 $** Ø
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 $** 3238 (May be a negative number)