

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|--|--------------------------------------|
| Date Stamp City Clerk's Office AUG 19 2016 RECEIVED | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>3</u> | |
| For Official Use Only | |

| | |
|--|--|
| Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u> | Date of election if applicable: (Month, Day, Year) _____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
941250

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

Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

777 South Main Street

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95035 | 831-277-2198 |

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

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95036 | 831-277-2198 |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Geoffrey D Maloon

MAILING ADDRESS

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95036 | 831-277-2198 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

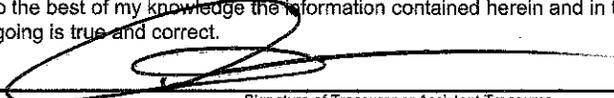
| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 17 August, 2016
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u> | CALIFORNIA FORM 460 |
| Page <u>2</u> of <u>3</u> | I.D. NUMBER <u>941250</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Milpitas Firefighters PAC

Contributions Received

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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>30</u> | \$ <u>30</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>30</u> | \$ <u>30</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>30</u> | \$ <u>30</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>12,002.87</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>0</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>30</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>11,972.87</u> |

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

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.

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

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| 18. Cash Equivalents..... See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>3</u> | I.D. NUMBER 941250 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Milpitas Firefighters PAC

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|------------------------------|-----------------------|---|--|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 30
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$** 30

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
City Clerk's Office
AUG 19 2016
RECEIVED

CALIFORNIA FORM 460

Page 1 of 3
For Official Use Only

Statement covers period
from January 1, 2016
through June 30, 2016

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

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

3. Committee Information

I.D. NUMBER
941250

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)
777 South Main Street

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Milpitas</u> | <u>CA</u> | <u>95035</u> | <u>831-277-2198</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 361628

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>831-277-2198</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Geoffrey D Maloon

MAILING ADDRESS
PO Box 361628

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-----------|--------------|---------------------|
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>831-277-2198</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

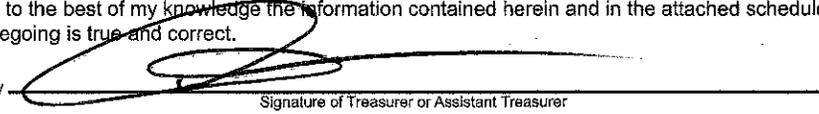
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

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 17 August, 2016
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u> | CALIFORNIA FORM 460 |
| Page <u>2</u> of <u>3</u> | I.D. NUMBER <u>941250</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

Contributions Received

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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>30</u> | \$ <u>30</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>30</u> | \$ <u>30</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>30</u> | \$ <u>30</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>12,002.87</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>0</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>30</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>11,972.87</u> |

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

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

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| 18. Cash Equivalents..... See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>January 1, 2016</u> through <u>June 30, 2016</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>3</u> | I.D. NUMBER 941250 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 30
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL .. \$ 30**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|---|--|
| Date Stamp City Clerk's Office OCT 08 2014 RECEIVED | CALIFORNIA 460 2001/02 FORM |
| | Page <u>1</u> of <u>5</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>July 1, 2014</u> through <u>September 30, 2014</u> | Date of election if applicable: (Month, Day, Year) <u>November 4, 2014</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Primarily Formed |
| <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="radio"/> Controlled |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="radio"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
941250

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

IAFF Local 1699 PAC

STREET ADDRESS (NO P.O. BOX)

777 South Main Street

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95035 | 831-277-2198 |

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

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95036 | 831-277-2198 |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Geoffrey Maloon

MAILING ADDRESS

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Milpitas | CA | 95036 | 831-277-2198 |

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 10/5/14
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> | CALIFORNIA FORM 460 |
| through <u>September 30, 2014</u> | |
| Page <u>2</u> of <u>5</u> | I.D. NUMBER <u>941250</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

iaff IOCAL 1699 pac

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ <u>2,925</u> | \$ <u>6,165</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>2,925</u> | \$ <u>6,165</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>2,925</u> | \$ <u>6,165</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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made <i>Schedule E, Line 4</i> | \$ <u>278.75</u> | \$ <u>903.29</u> |
| 7. Loans Made <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ <u>278.75</u> | \$ <u>903.29</u> |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>278.75</u> | \$ <u>903.29</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 <i>Previous Summary Page, Line 16</i> | \$ <u>6761.29</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | \$ <u>2925</u> |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | \$ <u>0</u> |
| 15. Cash Payments <i>Column A, Line 8 above</i> | \$ <u>278.75</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>9407.54</u> |

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

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

*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 <u>July 1, 2014</u> through <u>September 30, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>5</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

iaff IOCAL 1699 pac

I.D. NUMBER

941250

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/11/2014 | Milpitas Firefighters Local 1699 PO Box 361628 Milpitas, CA 95035 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2925 | 6165 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2925
- Amount received this period – unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2925

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

| | |
|--|----------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>September 30, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>5</u> |
| | I.D. NUMBER 941250 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

iaff IOCAL 1699 pac

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 09/25/2014 | Marsha Grilli for Milpitas Council 1874 Yosemite Milpitas, CA 95035 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 250 | 250 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 250 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 250
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 250

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> | CALIFORNIA FORM 460 |
| through <u>September 30, 2014</u> | |
| Page <u>5</u> of <u>5</u> | I.D. NUMBER <u>941250</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

iaff IOCAL 1699 pac

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 |
|---|---------|------------------------|-------------|
| Firefighters First Credit Union PO Box 60890 LA, CA 90060 | Pro | Account Maintenance | 15 |
| Starbucks San Jose, CA | MTG | Meeting | 6.05 |
| Starbucks Milpitas, CA | MTG | Meeting | 7.70 |

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

SUBTOTAL \$ 28.75

Schedule E Summary

| | |
|--|------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ <u>0</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>28.75</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>28.75</u> |

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|---|--------------------------------|
| Date Stamp OCT 27 2014 RECEIVED | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>3</u> |
| | For Official Use Only |

| | |
|---|--|
| Statement covers period from <u>October 1, 2014</u> through <u>October 18, 2014</u> | Date of election if applicable: (Month, Day, Year) <u>November 4, 2014</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
941250

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
IAFF Local 1699 PAC

STREET ADDRESS (NO P.O. BOX)
777 South Main Street

| | | | |
|-------------------------|--------------------|--------------------------|--------------------------------------|
| CITY <u>Milpitas</u> | STATE <u>CA</u> | ZIP CODE <u>95035</u> | AREA CODE/PHONE <u>8312772198</u> |
|-------------------------|--------------------|--------------------------|--------------------------------------|

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 361628

| | | | |
|-------------------------|--------------------|--------------------------|--|
| CITY <u>Milpitas</u> | STATE <u>CA</u> | ZIP CODE <u>95036</u> | AREA CODE/PHONE <u>831-277-2198</u> |
|-------------------------|--------------------|--------------------------|--|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Geoffrey Maloon

MAILING ADDRESS
PO Box 361628

| | | | |
|-------------------------|--------------------|--------------------------|--|
| CITY <u>Milpitas</u> | STATE <u>CA</u> | ZIP CODE <u>95036</u> | AREA CODE/PHONE <u>831-277-2198</u> |
|-------------------------|--------------------|--------------------------|--|

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 October 25, 2014
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>October 1, 2014</u> | CALIFORNIA FORM 460 |
| through <u>October 18, 2014</u> | |
| Page <u>2</u> of <u>3</u> | I.D. NUMBER 941250 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
IAFF Local 1699 PAC

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>0</u> | \$ <u>6165</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>6165</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>6165</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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>127.75</u> | \$ <u>1031.04</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>127.75</u> | \$ <u>1031.04</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>127.75</u> | \$ <u>1031.04</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 |
|---|---------------|
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |
| <u> </u> / <u> </u> / <u> </u> | \$ _____ |

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>9407.54</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>0</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | <u>127.75</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>9279.79</u> |

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

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.

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

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> |

**Schedule E
Payments Made**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>October 1, 2014</u> through <u>October 18, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>3</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

IAFF Local 1699 PAC

I.D. NUMBER

941250

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 |
|---|---------|--------------------------------|-------------|
| Starbucks 120 West Calaveras Blvd Milpitas, CA 95035 | MTG | Payment for purchase of coffee | 58.65 |
| Robert Kessler 656 Merritt Ct Discovery Bay, CA 94505 | MTG | Reimbursement for PAC Meeting | 69.10 |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|--|-----------------|---------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 127.75 |
| 2. Unitemized payments made this period of under \$100 | \$ | 0 |
| 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 \$ | 127.75 |

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|----------------------------|
| Date Stamp City Clerk's Office FEB - 1 2016 RECEIVED | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>3</u> |
| | For Official Use Only |

Statement covers period

from July 1, 2015

through December 31, 2015

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

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
| <input checked="" type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
941250

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

Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

777 South Main Street

| | | | |
|-----------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95035</u> | <u>8312772198</u> |

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

PO Box 361628

| | | | |
|-----------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>8312772198</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

gmaloon@sbcglobal.net

Treasurer(s)

NAME OF TREASURER

Geoffrey

MAILING ADDRESS

PO Box 361628

| | | | |
|-----------------|-----------|--------------|-------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>8312772198</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

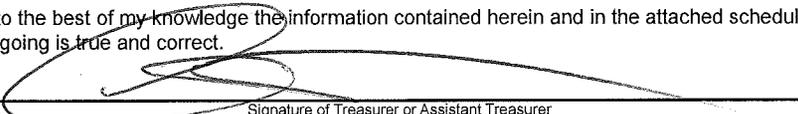
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 25, 2016
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2015</u> through <u>December 31, 2015</u> | CALIFORNIA FORM 460 |
| | Page <u>2</u> of <u>3</u> |
| I.D. NUMBER 941250 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>0</u> | \$ <u>2193.56</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>0</u> | \$ <u>2193.56</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>0</u> | <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>0</u> | \$ <u>2193.56</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

| | Column A | Column B |
|---|--------------|--------------|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>30</u> | \$ <u>60</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>30</u> | \$ <u>60</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>0</u> | <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>30</u> | \$ <u>60</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>12032.87</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>0</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>30</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>12002.87</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.

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

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2015</u> through <u>December 31, 2015</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>3</u> |
| I.D. NUMBER 941250 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 30
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL..** \$ 30

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | | |
|---------------------------|-------------------|------------|
| Date Stamp | CALIFORNIA | 460 |
| | 2001/02 | |
| | FORM | |
| Page <u>1</u> of <u>5</u> | | |
| For Official Use Only | | |

City Clerk's Office
JAN 30 2015
RECEIVED

| | |
|---|--|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2014</u> | Date of election if applicable: (Month, Day, Year) _____ |
|---|--|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Primarily Formed |
| <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input type="radio"/> Controlled |
| | <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
941250

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

Milpitas Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

777 South Main Street

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95035</u> | <u>831-277-2198</u> |

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

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>831-277-2198</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Geoffrey Maloon

MAILING ADDRESS

PO Box 361628

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Milpitas</u> | <u>CA</u> | <u>95036</u> | <u>831-277-2198</u> |

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 January 25, 2015
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> | CALIFORNIA FORM 460 |
| through <u>December 31, 2014</u> | |
| Page <u>2</u> of <u>5</u> | |
| I.D. NUMBER <u>941250</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Milpitas Firefighters PAC

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ <u>3,315</u> | \$ <u>6,165</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>3,315</u> | \$ <u>6,165</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>3,315</u> | \$ <u>6,165</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

| | Column A | Column B |
|--|------------------|--------------------|
| 6. Payments Made <i>Schedule E, Line 4</i> | \$ <u>949.42</u> | \$ <u>1,180.96</u> |
| 7. Loans Made <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ <u>949.42</u> | \$ <u>1,180.96</u> |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>949.42</u> | \$ <u>1,180.96</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 <i>Previous Summary Page, Line 16</i> | \$ <u>6,766.29</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | \$ <u>3,315.00</u> |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments <i>Column A, Line 8 above</i> | \$ <u>949.42</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>9137.87</u> |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ <u>0.00</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).

Cash Equivalents and Outstanding Debts

| | |
|--|----------------|
| 18. Cash Equivalents <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0.00</u> |

*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 July 1, 2014
through December 31, 2014

**CALIFORNIA
FORM 460**

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

I.D. NUMBER

941250

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/11/2014 | Milpitas Firefighters Local 1699 PO Box 361628 Milpitas, CA 95035 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 3,315.00 | 6,165.00 | N/A |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

| | |
|---|---------------------------------|
| 1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ <u>3,315.00</u> |
| 2. Amount received this period – unitemized contributions of less than \$100 | \$ <u>0.00</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ <u>3,315.00</u> |

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

| | |
|---|----------------------------|
| Statement covers period from <u>July 1, 2014</u> through <u>December 31, 2014</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>5</u> |
| I.D. NUMBER 941250 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 9/29/2014 | Marsha Grilli for Milpitas City Council | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 250.00 | 250.00 | 250.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 250.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 250.00

**Schedule E
Payments Made**

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

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>July 1, 2014</u> | CALIFORNIA FORM 460 |
| through <u>December 31, 2014</u> | |
| Page <u>5</u> of <u>5</u> | I.D. NUMBER 941250 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Firefighters PAC

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 |
|---|---------|--------------------------|-------------|
| Miscellaneous Meeting Expenses-Variou Locations | MTG | | 273.42 |
| Firefighters First Credit Union | PRO | Account Maintenance Fees | 30.00 |
| | | | |

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

SUBTOTAL \$ 303.42

Schedule E Summary

| | | |
|--|-----------------|-------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | <u>0.00</u> |
| 2. Unitemized payments made this period of under \$100 | \$ | <u>303.42</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | <u> </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>303.42</u> |