Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 9/25/16 through 10/22/16

Date of election if applicable: (Month, Day, Year) 11/08/16

Date Stamp: City Clerk's Office OCT 27 2016 RECEIVED

CALIFORNIA FORM 460

Page 1 of 11

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
- [ ] Primarily Formed Ballot Measure Committee
  - ○ 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 (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1385618

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Debbie Indihar Giordano FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 1916 GRAND Teton DRIVE

CITY: MILPITAS STATE: Ca ZIP CODE: 95035 AREA CODE/PHONE: (408) 945-8988

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s) Todd Flesner

NAME OF TREASURER: Todd Flesner

MAILING ADDRESS: 1100 Lincoln Ave #251

CITY: SAN JOSE STATE: Ca ZIP CODE: 95125 AREA CODE/PHONE: (408) 921-0669

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 10/23/16 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/23/16 (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Debbie Indihar Giordano

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

MAYOR OF MILPITAS

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

1916 GRAND Teton DR Milpitas Ca 95035

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/25/16 through 12/22/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Debbie Indihar Giordano

I.D. NUMBER 1385618

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 5,726.00	$ 18,122.00
2. Loans Received	Schedule B, Line 3	5,000.00	27,850.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 10,726.00	$ 45,972.00
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 10,726.00	$ 45,972.00

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	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 18,033.73	$ 45,727.68
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 18,033.73	$ 45,727.68
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	Ø	Ø
10. Nonmonetary Adjustment	Schedule C, Line 3	Ø	Ø
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 18,033.73	$ 45,727.68

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 7,552.05
13. Cash Receipts	Column A, Line 3 above	10,726.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	18,033.73
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 244.32

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	$ 27,850

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 9/25/16
through 10/22/16

CALIFORNIA FORM 460

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Debbie Indihar Giordano

I.D. NUMBER 1385618

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)
9/29/16	Build Jobs PAC 1350 TREAT Blvd #140 Walnut CREEK, Ca 94597	☐ IND ☐ COM ☐ OTH ☒ PTY ☐ SCC		$250.00	$250.00	$250.00
10/07/16	Chi Wong P.O. Box 3002 Fremont, Ca 94539	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF - Potter	$250.00	$250.00	$250.00
10/07/16	John S. Wong P.O. Box 3002 Fremont, Ca 94539	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homebuilder Mission PEAK	$250.00	$250.00	$250.00
10/07/16	CAR PAC 525 S. Virgil ave Los Angeles, Ca 90020	☐ IND ☐ COM ☐ OTH ☒ PTY ☐ SCC		$250.00	$250.00	$250.00
10/12/16	Sansei Gardens, Inc. 3250 Darby Common Fremont, Ca 94539	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00

SUBTOTAL $ 1,250.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5250.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 476.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,726.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/25/16 through 10/22/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
10/12/16	Sheehan Construction, Inc. 477 Devlin Rd #108 NAPA, CA 94558	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00
10/12/16	IAFF - PAC P.O. Box 361628 MILPITAS, Ca 95035	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00
10/12/16	Steve C. TAO 1065 EAGLE Ridge DR MILPITAS, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REAL ESTATE - STR Commercial	$250.00	$250.00	$250.00
10/14/16	Todd Flesner 5418 FELTER Rd SAN JOSE, Ca 95132	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LOAN Broker OPES Advisors	$250.00	$250.00	$250.00
10/14/16	JAMES Tong 4048 Piedmont TERR Fremont, Ca 94539	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REALTOR - Charter Properties	$200.00	$200.00	$200.00

SUBTOTAL $ 1200

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/25/16
through 10/22/16

CALIFORNIA FORM 460

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NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
10/14/16	Jennifer Tong 2211 Cameron Ct Pleasanton, Ca 94588-2839	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	$200.00	$200.00	$200.00
10/14/16	Jamal M. Ramahi 518 Angus DR Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer	$100.00	$100.00	$100.00
10/14/16	Mohammad A. Nada 460 Capella Way Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer	$100.00	$100.00	$100.00
10/14/16	Syed A. Asif 812 Canada DR Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Analyst - Plantronics	$100.00	$100.00	$100.00
10/14/16	Zeya Mohsin 644 Hillview DR Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	$100.00	$100.00	$100.00

SUBTOTAL $ $600.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/25/16 through 10/22/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
10/14/16	Syed Mohsin 644 N. Hillview Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer - Pluribus Network	$100.00	$100.00	$100.00
10/14/16	Shahid S. Ansari 1388 Pradact Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer	$100.00	$100.00	$100.00
10/15/16	P.G.E. - PAC 77 Beale St San Francisco, Ca	☐ IND ☐ COM ☐ OTH ☒ PTY ☐ SCC		$250.00	$250.00	$250.00
10/15/16	CAA - PAC 980 Ninth St #1430 Sacramento, Ca 95814	☐ IND ☐ COM ☐ OTH ☒ PTY ☐ SCC		$250.00	$250.00	$250.00
10/15/16	TAPS Termite, Inc. 22 Foss Ave San Jose, Ca 95116	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00

SUBTOTAL $ $950.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 9/25/16 through 10/22/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
10/15/16	Galante Bros. P.O. Box 44490 San Jose, Ca 95160	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00
10/20/16	David M. Souza Ins. Inc 101 Serra Way Milpitas, Ca 95035	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00
10/20/16	Anne Cracolice 45820 Vinehill Terr Fremont, Ca 94539	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	$250.00	$250.00	$250.00
10/20/16	Bob Cracolice 45820 Vinehill Terr Fremont, Ca 94539	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250.00	$250.00	$250.00
10/20/16	E Concepts Consulting 711 9th Ave San Mateo, Ca 94402	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00	$250.00	$250.00

SUBTOTAL $ 1250.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/16 through 10/22/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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
Debbie Indihar Giordano 1916 Grand Teton Dr, Milpitas CA 95035 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Master Broker	$ 22,850	$ 5,000	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ 27,850 DATE DUE Ø	Ø % RATE $ Ø	$ 27,850 DATE INCURRED 10/22/16	CALENDAR YEAR $ 27,850 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 $ 5,000		$ Ø	$ 27,850	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 5,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ Ø
   (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 $ 5,000
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/25/16
through 10/22/16

CALIFORNIA FORM 460

I.D. NUMBER
1385618

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Debbie Indihar Giordano

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
MARY Szczepanik 763 Chenery St SAN Francisco, Ca 94131	LIT	Design	$250.00
JASmine Balmonte 429 S. 9th St #5 SAN JOSE, Ca 95112	SAL	Campaign help	$700.00
Pacific Printing 1445 Monterey Hwy SAN JOSE, Ca 95110	LIT	Literature	$3,290.13

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

SUBTOTAL $ 4,159.13

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 18,033.73
2. Unitemized payments made this period of under $100 ..... $ Ø
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 18,033.73

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/16 through 10/22/16

CALIFORNIA FORM 460

Page 11 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
MILPITAS POST 54 MARYLAND DR MILPITAS, CA 95035	PRT	Ads	$4,758.00
K & H Photography 2431 Autumnvale Dr #D San Jose, Ca	LIT	Literature	$300.00
Wheelhouse Strategy Group 144 Hillsward Dr. Folsom, Ca 95630	LIT	Literature	$4,225.00
VISA - Acct	CMP	Signs	$2091.60
Sharon Prager 711 9TH AVE San Mateo, Ca 94402	CNS	Consultant	$2,500.00

SUBTOTAL $ 13,874.60

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

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Debbie Indihar Giordano For Mayor 2016		9/29/16	City Clerk's Office SEP 29 2016 RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER: (408) 945-8988	I.D. NUMBER (if applicable): 1385618	Report No. 1		
STREET ADDRESS: 1916 Grand Teton Drive		☐ Amendment to Report No. _____ (explain below)		
CITY: Milpitas	STATE: Ca / ZIP CODE: 95035	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
9/29/16	Debbie Indihar Giordano For Mayor 2016 1916 Grand Teton Dr. Milpitas, Ca 95035 #1385618	Candidate	$5,000	11-8-16

Reason for Amendment: Loan to Campaign

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/01/16 through 9/24/16

Date of election if applicable: (Month, Day, Year) 11/08/16

Date Stamp: City Clerk's Office SEP 29 2016 RECEIVED

CALIFORNIA FORM 460

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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
- [ ] Primarily Formed Ballot Measure Committee
  - ○ 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 (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1385618

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Debbie Indihar Giordano For Mayor 2016

STREET ADDRESS (NO P.O. BOX): 1916 Grand Teton Drive

CITY: Milpitas STATE: Ca ZIP CODE: 95035 AREA CODE/PHONE: (408) 945-8988

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS:

Treasurer(s) Todd Flesner

NAME OF TREASURER: Todd Flesner

MAILING ADDRESS: 1100 Lincoln Ave #251

CITY: San Jose STATE: Ca ZIP CODE: 95125 AREA CODE/PHONE: (408) 921-0669

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 9.24.16 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/24/16 (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Debbie Indihar Giordano

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

MAYOR OF MILPITAS

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

1916 GRAND Teton DR, MILPITAS Ca 95035

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 12,396.00	$ 12,396.00
2. Loans Received	Schedule B, Line 3	10,000	22,850
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 22,396.00	$ 35,246.00
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 22,396.00	$ 35,246.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 27,463.45	$ 27,693.95
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 27,463.45	$ 27,693.95
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	Ø	Ø
10. Nonmonetary Adjustment	Schedule C, Line 3	Ø	Ø
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 27,463.45	$ 27,693.95

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 12,619.50
13. Cash Receipts	Column A, Line 3 above	22,396.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	27,463.45
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 7,552.05

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ Ø
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 22,850

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
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/16
through 9/24/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Debbie Indihar Giordano

I.D. NUMBER 1385618

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)
7/18/16	Tom Valore 670 Cardiff Pl Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Financial Advisor	$250.00	$250.00	$250.00
7/18/16	Dana Arbaugh 2192 Glenview Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
7/18/16	Linda Arbaugh 2192 Glenview Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
7/25/16	Decormatters.com / Inc. 1647 S. Main St # Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	corp.	$250.00	$250.00	$250.00
7/25/16	Ming Feng Wu 348 Summerfield Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Decormatters.com/ CEO	$250.00	$250.00	$250.00

SUBTOTAL $ 950.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 12,200.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 196.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 12,396.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period from 7/01/16 through 9/24/16

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
7/25/16	Milpitas Yang LLC Evans Rd Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Milpitas Yang, LLC	$250.00	$250.00	$250.00
7/25/16	Pandora Asset Mgmt. 1647 S. Main St Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pandora Asset Mgmt.	$250.00	$250.00	$250.00
7/25/16	Tian Shen Yang 348 Summerfield Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Tian-Shen Yang	$250.00	$250.00	$250.00
7/25/16	Shufei Yang 348 Summerfield Dr Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	G.D. Commercial Real Estate	$250.00	$250.00	$250.00
7/25/16	Qi Lin 691 N. Capitol Ave # 8 San Jose, Ca 95133	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Apple - Engineer	$250.00	$250.00	$250.00

SUBTOTAL $ 1,250.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
7/25/16	Jing Xue 691 N. Capitol Ave #8 SAN JOSE, Ca 95133	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Decor matters.com COO	$250.00	$250.00	$250.00
7/25/16	Qiuhua Chen 348 Summerfield DR MILPITAS, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Decor matters.com Graphic Eng.	$250.00	$250.00	$250.00
7/25/16	Zhohua chen. 348 Summerfield DR MILPITAS, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	T4 Store Mgr.	$250.00	$250.00	$250.00
7/25/16	Richard E. DeLA Rosa 8900 Saw Horse St LAS Vegas, Ca 89143	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF — Consultant	$250.00	$250.00	$250.00
8/02/16	Misty De LaRosa 8900 Saw Horse ST LAS Vegas, Ca 89143	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250.00	$250.00	$250.00

SUBTOTAL $ 1250

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
8/22/16	DeLaRosa Latin American Imports, Inc. 1163 S. King Rd, San Jose Ca 95122	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$250.00	$250.00	$250.00
8/18/16	Barry Swenson Bldr. Green Valley Corp. 777 N. 1st St 5th Flr - San Jose Ca 95112	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$250.00	$250.00	$250.00
8/23/16	Jane Chamones 27101 Paseo Pinzon CB, Ca 92624	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self - Publishing	$200.00	$200.00	$200.00
8/23/16	Swenson, Dev & Const. 715 N First St #27 San Jose, Ca 95112	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Company	$250.00	$250.00	$250.00
8/23/16	Summerhill Apt. Communities 3000 Executive Pky #450 San Ramon Ca 94583	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Company	$250.00	$250.00	$250.00

SUBTOTAL $ 1200

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
8/24/16	Sanco Pipelines, Inc. 727 University Ave. Los Gatos, Ca 95032	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$250.00	$250.00	$250.00
8/24/16	Award Homes, Inc. 404 SARATOGA Ave #100 Santa Clara, Ca 95050	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$250.00	$250.00	$250.00
8/24/16	Stephen E. Schott 15160 Sobey Rd. SARATOGA, Ca 95070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SCS Develop. Builder	$250.00	$250.00	$250.00
8/24/16	Sullivan Land Dev. - LLC 155E. Campbell Ave #119 Campbell, Ca 95008	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self - Real Estate Dev. Consultant	$250.00	$250.00	$250.00
8/24/16	Citation Homes Central 404 Saratoga Ave #100 Santa Clara, Ca 95050	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Company	$250.00	$250.00	$250.00

SUBTOTAL $ 1250

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Gordon

I.D. NUMBER: 1385618

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)
8/24/16	SCS Develop. Co P.O. Box 58171 Santa Clara, Ca 95052	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Company	$250.00	$250.00	$250.00
8/29/16	Joseph M. Head 1438 Calle Cima St. San Jose, Ca 95125	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Summerhill Homes – Builder	$250.00	$250.00	$250.00
8/29/16	Lisa Swenson 62 Ellenwood Ave. Los Gatos, Ca 95030	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250.00	$250.00	$250.00
8/29/16	John Hansen 9104 Starling Wing Pl. Las Vegas, NV 89143	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self employed CPA	$250.00	$250.00	$250.00
8/29/16	Nicole Hansen 9104 Starling Wing Pl. Las Vegas, NV 89143	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$250.00	$250.00	$250.00

SUBTOTAL $ 1250

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
8/29/16	BBR MASONRY, Inc. 34672 BERNARD Rd. TRACY, Ca 95377	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$150.00	$150.00	$150.00
8/29/16	Argonaut Window & Door Inc 1901 S. Bascom Ave 8th Fl. Campbell, Ca 95008-2215	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp.	$150.00	$150.00	$150.00
8/29/16	Atlantic Concrete Inc. P.O. Box 1772 Gilroy, Ca 95021-1772	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corp	$150.00	$150.00	$150.00
8/29/16	Materials Materials 1125 N. Milpitas Blvd. Milpitas, Ca 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Co.	$250.00	$250.00	$250.00
8/29/16	James Ross 5805 Freedom Blvd. Aptos, Ca 95003	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Palisade Builders, Inc Employee	$200.00	$200.00	$200.00

SUBTOTAL $ 900

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
8/29/16	Andrew Maurer 1371 5th Ave San Francisco, Ca 94122	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Palisade Builders, Inc. Employee	$100.00	$100.00	$100.00
8/29/16	Matthew Eaton 123 Jordan St. Santa Cruz, Ca 95060	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Palisade Builders, Inc. Employee	$100.00	$100.00	$100.00
8/29/16	Jeffrey Jelniker 3940 Kingridge Dr San Mateo, Ca 94403	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Palisade Builders, Inc. Employee	$100.00	$100.00	$100.00
9/07/16	James R. Burns II 1822 Arrowhead Dr. Oakland, Ca 94611	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Collaborative Design Architects, Inc Architect	$250.00	$250.00	$250.00
9/07/16	Terry Freeman P.O. Box 620317 Woodside, Ca 94062	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Terry Freeman & Assoc. Consultant	$250.00	$250.00	$250.00

SUBTOTAL $ 800.00

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indikar Giordano

I.D. NUMBER: 1385618

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)
9/07/16	Joseph W. Callahan JR. 5721 Dalton Creek Way Pleasanton, Ca 94566	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Callahan Property Co - R.E. Investment	$250.00	$250.00	$250.00
9/07/16	Deborah L. Clausen 617 Windmill Lane Pleasanton, Ca 94566	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Callahan Prop. Co - R.E. Broker	$250.00	$250.00	$250.00
9/07/16	Janet Hovde 959 Rock Canyon CR SAN JOSE, Ca 95127	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	J.E.H. - REALTOR	$100.00	$100.00	$100.00
9/07/16	McCarthy Ranch 221 Los Gatos Saratoga Rd Los Gatos, Ca 95030	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Company	$250.00	$250.00	$250.00
9/07/16	Harry Burrows 465 Kingsford DR Moraga, Ca 94556	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	H.B. Consulting Engineer	$250.00	$250.00	$250.00

SUBTOTAL $ 1100

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
9/12/16	William Chu 9533 Suva St Downey, Ca 90240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Singpoli Const. Executive	$250.00	$250.00	$250.00
9/12/16	Ivy Leung-Hui 910 N. 1st Ave #A Arcadia, Ca 91006	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Singpoli Const. Accountant	$250.00	$250.00	$250.00
9/12/16	Agnes Chu 9533 Suva St. Downey, Ca 90242	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PM Company- Manager	$250.00	$250.00	$250.00
9/12/16	Kin Hui 72 W. Norman Ave Arcadia, Ca 91007	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Singpoli Const. Executive	$250.00	$250.00	$250.00
9/12/16	Yang Ding 1458 Hillcrest Ave Pasadena, Ca 91106	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LMCE B.D. Manager	$250.00	$250.00	$250.00

SUBTOTAL $ 1250

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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)
9/12/16	Limin Yang 1458 Hillcrest Ave Pasadena, Ca 91106	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BDK Capital Executive	$250.00	$250.00	$250.00
9/12/16	Karen Li 6009 Ivar Ave Temple City, Ca 91780	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	BDK Capital Accountant	$250.00	$250.00	$250.00
9/12/16	Mie Koda Cheung 25 E. Foothill Blvd Arcadia, Ca 91006	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	American B.D. Manager	$250.00	$250.00	$250.00
9/23/16	Laura Riffle 1225 Vienna Dr #237 Sunnyvale, Ca 94089	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Rosemary Hernandez Enrolled agent	$250.00	$250.00	$250.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 1,000

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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
Debbie Indihar Giordano 1916 Grand Teton Dr Milpitas, Ca 95035 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Master Broker	$12,850	$10,000	☐ PAID $ Ø ☐ FORGIVEN $ Ø DATE DUE Ø	$22850	Ø % RATE $ Ø	$22850 DATE INCURRED 9/24/16	CALENDAR YEAR $ 22,850 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 $ 10,000		$ Ø	$ 22,850	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 10,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ Ø
   (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 $ 10,000
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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
Sharon Prager 711 9th Ave San Mateo, Ca 94402	CNS	Consultant	$2500
City of Milpitas 455 E. Calaveras Blvd. Milpitas, Ca 95035	FIL	Filing Fee	$1900
Jasmine Balmonte 429 S. 9th St #5 San Jose, Ca 95112	SAL	Campaign help	$150

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

SUBTOTAL $ 4,550

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 27,463.45
2. Unitemized payments made this period of under $100 ..... $ Ø
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 27,463.45

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordan

I.D. NUMBER: 1385618

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cindy Potter 723 Pacific Ave Santa Rosa, Ca 95404	CMP	Graphic Design	$450
Jasmine Balmonte 429 S. 9th St #5 San Jose, Ca 95112	SAL	campaign help	$425
Pacific Printing 1445 Monterey Hwy San Jose Ca 95110	LIT	Literature	$1,357.20
Sharon Prager 711 9th Ave San Mateo, Ca 94402	CNS	Consultant	$2,500
Jasmine Balmonte 429 S. 9th St #5 San Jose, Ca 95112	SAL	campaign help	$125

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

SUBTOTAL $ 4,857.20

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/16 through 9/24/16

CALIFORNIA FORM 460

I.D. NUMBER 1385618

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Debbie Indihar Gordon

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter circle 174 pepper Dr Los Altos, Ca 94022	LIT	Literature/mailings	$300.00
Sharon Prager 711 9th Ave San Mateo, Ca 94402	CNS	Consultant	$2,500
BofA – VISA Acct	CMP	signs	$798.00
Mary Szczepanik 763 Chenery St San Francisco Ca 94131	LIT	design	$100.00
Wheelhouse Strategy Group 144 Hillswood Dr Folsom, Ca 95630	LIT	Literature	14,358.25

SUBTOTAL $ 18,056.25

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

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 5

For Official Use Only

Date Stamp: City Clerk's Office JUL 06 2016 RECEIVED

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 5/06/16 through 6/30/16

Date of election if applicable: (Month, Day, Year) 11/08/16

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
- [ ] 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
- [x] 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: 1385618

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Debbie Indihar Giordano for Mayor 2016

STREET ADDRESS (NO P.O. BOX): 1916 Grand Teton Dr

CITY: Milpitas STATE: Ca ZIP CODE: 95035 AREA CODE/PHONE: (408) 945-8988

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/5/16 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 7/01/16 (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)

Instructions for Recipient Committee Campaign Statement – Cover Page

CALIFORNIA FORM **460**

Period Covered by a Statement:

The "period covered" by a campaign statement begins the day after the closing date of the last campaign statement filed. For example, if the closing date of the last statement was September 30, the beginning date of the next statement will be October 1.

If this is the committee's first campaign statement, begin with January 1 of the current calendar year.

The closing date of the statement depends on the type of statement you are filing.

Date of Election:

If you are filing this statement as a preelection statement in connection with an election, enter the date of the election.

Type of Recipient Committee:

Check one box to indicate the type of committee filing the statement. General descriptions are provided on the cover sheet to this form, or contact your filing officer or the FPPC for assistance. Following are some additional guidelines:

Controlled Committee

- A controlled committee is one that is controlled by a candidate, officeholder or, in the case of a state ballot measure committee, by the proponent of the measure. A committee is "controlled" if the candidate, officeholder, or proponent, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.

Sponsored Committees

- A sponsored committee is one that has a sponsor—a business entity, organization, union, or other entity—that meets certain criteria. Sponsored ballot measure committees and general purpose committees must include the name of the sponsor in the name of the committee.

Small Contributor Committees

- This term is significant only if the committee makes contributions to candidates running for elective state office.

Type of Statement:

Check the appropriate box(es) to indicate the type of statement you are filing (or amending).

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment and list the schedules being amended. Include an amended summary page, if applicable. Be sure to enter the period covered of the statement you are amending.

Termination: A committee must continue filing campaign statements each year until it is eligible to terminate and files a Form 410 Termination. Most officeholders must continue filing campaign statements until they have terminated all controlled committees and have left office.

Committee I.D. Number:

If the committee has not yet received an identification number from the Secretary of State, enter "Not Yet Received." File Form 410 to obtain an I.D. Number.

Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

Additional Important Information:

Refer to the FPPC Campaign Disclosure Manual for your type of committee for information about:

- When, where, and what type of statements the committee is required to file.
- Closing date of campaign statements.
- Sponsored committee criteria.
- Termination criteria.
- Recordkeeping requirements and prohibitions.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Debbie Indihar Giordano

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1916 GRAND TETON DR Milpitas Ca 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Officeholder or Candidate Controlled Committee:

Candidates must have a separate bank account and committee to run for different elective offices. A candidate who is required to file campaign statements in connection with more than one elective office but is only receiving contributions and making expenditures for one of the offices, may include both offices on one Form 460. In Part 5 of the cover page, enter the candidate's name and under "Office Sought or Held," identify each office, and state whether the candidate is seeking or holding the office. The Form 460 must be filed with the appropriate filing officer(s) for each office.

For example, a city councilmember is raising funds to run for the county board of supervisors. She has no committee and is not raising or spending funds in connection with the city office, and has formed a controlled committee for the county office. To comply with the requirements to file campaign statements for both her city office and her county candidacy, she may complete one Form 460 each campaign reporting period, which she will file with the city clerk and the county elections department. In Part 5 of the Form 460 Cover Page, under "Office Sought or Held," she will state that she is holding the office of city councilmember (including the name of the city) and that she is seeking a seat on the board of supervisors (including the name of the county).

Ballot Measure Committee:

Part 6 of the Form 460 Cover Page must be completed by committees that are primarily formed to support or oppose the qualification or passage of a single ballot measure or two or more measures being voted on in the same city, county, multicounty, or state election. A "general purpose" ballot measure committee (one that supports or opposes a variety of state and/or local ballot measures) is not required to complete Part 6.

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 5/06/16 through 6/30/16

CALIFORNIA FORM 460

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ Ø	$ Ø
2. Loans Received	Schedule B, Line 3	12,850	12,850
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 12,850	$ 12,850
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 12,850	$ 12,850

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 230.50	$ 230.50
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 230.50	$ 230.50
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	Ø	Ø
10. Nonmonetary Adjustment	Schedule C, Line 3	Ø	Ø
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 230.50	$ 230.50

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	12,850
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	230.50
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 12,619.50

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ Ø
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 12,850

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
/ /	$
/ /	$

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

Instructions for Summary Page Campaign Disclosure Statement

CALIFORNIA FORM **460**

The Summary Page provides an overview of the committee's financial activities and is completed for each filing.

Column A reflects activities during the current reporting period as reported on Schedules A through H. It is not necessary to attach a blank schedule if there has been no reportable activity during the period, but it is necessary to enter a zero or the word "none" on the appropriate line in Column A of the Summary Page.

Column B figures should reflect the cumulative total since January 1 of the current calendar year.* Add the totals from Column B of the committee's last campaign statement (if any) to the corresponding amounts in Column A. If this is the first report being filed for a calendar year, only carry forward the amounts reported on Lines 2, 7, and 9 of Column B (if any) from the committee's last statement. (Note: The amounts reported on Lines 2, 7, and 9 of Column B should be the same as the total outstanding amounts disclosed in column (d) of Schedules B, F, and H, respectively, of the current report.)

When loans (Schedules B and H) and accrued expenses (Schedule F) are paid, the figures to be carried from the schedules to Lines 2, 7, and 9 of Column A may be negative numbers. In this case, be sure to show them as negative figures on the Summary Page (e.g., with a minus sign (-) or in parentheses), and subtract them when totaling Columns A and B.

*There are exceptions to the calendar year "cumulation period" for candidate elections and ballot measure elections held in January and early February, and for ballot measure qualification activities. Consult the FPPC Campaign Disclosure Manual for your type of committee for additional information.

Current Cash Statement:

Lines 12-16 of the Summary Page should accurately reflect your current cash position. Beginning and ending cash balances should include the total amount of funds in your campaign checking and savings accounts, plus any investments that can be readily converted to cash, such as certificates of deposit, money market accounts, stocks and bonds, etc. (Officeholders and candidates are subject to bank account restrictions, and all committees should read the FPPC Campaign Disclosure Manual regarding appropriate uses of campaign funds.)

Line 12 (Beginning Cash Balance) must be the same as the ending cash balance reported on Line 16 of your previous statement's Summary Page. If this is your first campaign statement, enter zero on Line 12.

Line 16 (Ending Cash Balance) is the total of Lines 12, 13, and 14, **minus** Line 15.

If you are filing a termination statement, Line 16 must be zero.

Cash Equivalents:

"Cash equivalents" include investments that cannot be readily converted to cash, as well as the balance due on all outstanding loans the committee has made to others (from Line 7 of Column B of the Summary Page). Investments that can be readily converted to cash, such as certificates of deposit or money market funds, should be included in the cash on hand figures on Lines 12 and 16 of the Summary Page.

Summary for Primary and General Elections (Lines 20 and 21):

This section is only for committees that are:

- Controlled by a candidate who is being voted on in both the state primary and general elections (does not apply to controlled ballot measure committees); or
- Primarily formed to support or oppose candidates being voted on in both the state primary and general elections.

Complete this summary on the preelection and semi-annual statements for the general election, covering periods during the last six months of the year (July 1 – December 31).

Expenditure Ceiling Summary for State Candidates (Line 22):

Candidates for elective state office who have accepted the voluntary expenditure ceiling for a particular election must disclose the total amount of expenditures made through the end of the reporting period that are subject to the expenditure ceiling for the election. Report the date of the election and total amount expended for that election. Report totals for the primary and general elections separately. This information is no longer required if the expenditure ceiling has been lifted. (See FPPC Campaign Disclosure Manual 1.)

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 5/06/16 through 6/30/16

CALIFORNIA FORM 460

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER:

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
Debbie Indihar Giordano 1916 GRAND Teton Dr Manteca, Ca 95035 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF-employed Master Barber	$ Ø	$ 14,850	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ 14,850 Ø DATE DUE	0 % RATE $ 0	14,850 6/30/16 DATE INCURRED	CALENDAR YEAR $ 14,850 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	$ 14,850	$ Ø	$ 14,850	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 14,850
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ Ø
   (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 $ 14,850
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 5/06/16 through 6/30/16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Debbie Indihar Giordano

I.D. NUMBER: 1385618

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
Pacific Printing 1445 Monterey Hwy SAN JOSE, CA 95110	LIT	Remit Envelopes	$230.50

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

SUBTOTAL $ 230.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 230.50
2. Unitemized payments made this period of under $100 ..... $ Ø
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 230.50

Instructions for Schedule E Payments Made

CALIFORNIA FORM **460**

Report payments on Schedule E (other than loans).

For each payment of $100 or more made during the period, report the name and street address, city, state, and zip code of the payee or creditor, and the amount paid during the period. Payments of less than $100 during the period are reported as a lump sum on Line 2 of the Schedule E Summary. However, if two or more payments under $100 were made for a single product or service and the total paid during the period was $100 or more, itemize the total amount paid during the period.

Report payments made on accrued expenses. Also report the required information on Schedule F.

Code or Description of Payment:

If one of the codes listed on Schedule E fully describes the payment, enter the code. A full description of each code is provided on the back of the Schedule E-Continuation Sheet. If none of the codes fully explains the payment, leave the "Code" column blank and enter a brief description of the goods or services purchased in the "Description of Payment" column.

Credit Card Payments:

Disclose the name, address, and amount paid to the credit card company during the period. Also disclose the name, address, amount paid, and code or description of payment for each vendor paid $100 or more. You may disclose the vendor payments on Schedule E or Schedule G.

Payments by Agents and Independent Contractors:

When an agent or independent contractor (e.g., campaign worker, advertising agency, campaign management firm) makes payments on your behalf ("subvendor payments"), disclose the name, address, amount paid, and code or description of payment for each vendor paid $500 or more. Disclose payments to the agent or independent contractor on Schedule E. You may disclose the subvendor payments on Schedule E or Schedule G.

Loans:

Report interest paid on loans received on Line 3 of the Schedule E Summary (from Schedule B, Part 1, Column (e)).

Report payments made on loans received on Schedule B and loans made to others on Schedule H. Do not report on Schedule E.

Savings Accounts/Certificates of Deposit/Money Market Accounts:

Do not report transfers of campaign funds into savings accounts, certificates of deposit, money market accounts, or the purchase of any other asset that can readily be converted to cash on Schedule E. Continue reporting these amounts as part of your cash on hand on the Summary Page.

Candidates:

- Candidates must briefly describe the political, legislative, or governmental purpose of an itemized expenditure for gifts, meals, and travel payments. FPPC Regulation 18421.7 sets out the requirements.
- Candidate controlled ballot measure committee funds may only be used to make payments related to a state or local measure or potential measure (including qualification activities) anticipated by the committee. See FPPC regulation 18521.5.

Ballot Measure Committees

A ballot measure committee that makes a payment to any business entity (1) which is owned 50 percent or more by any of the individuals listed below, or (2) in which any of the individuals listed below is an officer, partner, consultant or employee, must report that individual's name, relationship to the committee, and a description of the ownership interest or position with the business entity. Individuals covered by (1) and (2) above include:

- -- A candidate or person controlling the committee; or
- -- An officer or employee of the committee; or
- -- The spouse of any of the above.