COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2019 through 12/31/2019

Date of election if applicable: (Month, Day, Year) 11/06/18

Date Stamp: City Clerk's Office JAN 31 2020 RECEIVED

CALIFORNIA FORM 460

Page 1 of 4

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:

- [ ] 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 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
RE-ELECT MAYOR RICH TRAN

STREET ADDRESS (NO P.O. BOX)
714 PARVIN DR

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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
RICHARD TRAN

MAILING ADDRESS
385 ETHYL ST. #2

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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 01/31/2020 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 01/31/2020 (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**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

RICH TRAN

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

MAYOR OF MILPITAS

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

385 ETHYL ST. #2 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 07/01/2019 through 12/31/2019

CALIFORNIA FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RE-ELECT MAYOR RICH TRAN 2018

I.D. NUMBER: 1400416

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*	Ø	6,075
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ Ø	$ 6,075
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ Ø	$ 6,075

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ Ø	$ 632.26
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ Ø	$ 632.26
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*	$ Ø	$ 632.26

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 409.38
13. Cash Receipts	*Column A, Line 3 above*	Ø
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	Ø
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 409.38

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*	$ 6,075

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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RE-ELECT MAYOR RICH TRAN 2018

I.D. NUMBER: 1400416

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
RICH TRAN 385 ETHYL ST #2 MILPITAS CA 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MAYOR of MILPITAS	$ 6,075	$ Ø	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 6,075 DATE DUE ____	N/A % RATE $ ____	$ 25 12/7/17 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ Ø
   (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 $ Ø
   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.

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from October 21, 2018 through December 31, 2018

Date of election if applicable: (Month, Day, Year) November 6, 2018

Date Stamp: City Clerk's Office FEB 19 2019 RECEIVED

CALIFORNIA FORM 460

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:

- [ ] 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: 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Reelect Mayor Rich Tran 2018

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408) 391-2882

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: Justin Lardinois

MAILING ADDRESS: 3845 Blackford Ave Apt 204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95117	(831) 334-7464

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 2/19/2019 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 02/18/2019 (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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Tran

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

Mayor of Milpitas

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
714 Parvin 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 October 21, 2018 through December 31, 2018

CALIFORNIA FORM 460

Page 3 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 13695	$ 30484
2. Loans Received	*Schedule B, Line 3*	-2950	7075
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10745	$ 37559
4. Nonmonetary Contributions	*Schedule C, Line 3*	498.53	498.53
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 11243.53	$ 38057.53

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*	$ 13757.02	$ 36001.37
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 13757.02	$ 36001.37
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	498.53	498.53
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 14255.55	$ 36499.9

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*	$ 4569.66
13. Cash Receipts	*Column A, Line 3 above*	10745
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	13757.02
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1557.64

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).

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 7075

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from October 21, 2018 through December 31, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/21/2018	Carmen Montano 4 City Council ID #1407282 369 Summerfield Dr Milpitas, CA 95035	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
10/21/2018	Robert Pfeil 2358 Pheasant Run Circle Stockton, CA 95207	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President of Property Acquisition, RPM	100	100	
10/21/2018	John Irwin 5275 Hecker Pass Rd Gilroy, CA 95020	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
10/21/2018	Wendy Garibaldi 1311 Rivergate Dr Lodi, CA 95240	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, RPM Company	100	100	
10/21/2018	Elizabeth Eastwood 2321 Rockingham Circle Lodi, CA 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
			SUBTOTAL $	650		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 13150
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 545
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 13695

*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 October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/21/2018	Daniel Smith 4208 Chaboya Rd San Jose, CA 95148	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Material Supplier, Stucco Supply	100	100	
10/21/2018	Jean Smith 4208 Chaboya Rd San Jose, CA 95148	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	100	100	
10/21/2018	Cheryl Smith P.O. Box 730306 San Jose, CA 95173	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
10/21/2018	David Wilson 14428 Big Basin Way Ste A Saratoga, CA 95070	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Santa Clara Construction	250	250	
10/22/2018	Hai Vu 1221 E. CALAVERAS BLVD Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, KZ Academy	250	250	
			SUBTOTAL $	800		

*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 October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/24/2018	Muhammad Shamim 490 Prada Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
10/24/2018	Javed Mohammed 832 Russell Lane Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer, Cisco	150	150	
10/24/2018	Bayan Nada 460 Capella Way Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer, Cisco	250	250	
10/24/2018	Munawwar Ali Dalmee 3192 Salem Dr San Jose, CA 95127	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
10/24/2018	Mohammad Farooq Rydhan 364 Casselino Dr San Jose, CA 95136	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer, Rasilient Systems	100	100	
			SUBTOTAL $	700		

*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.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/24/2018	Mumtaz Farooq Rydhan 364 Casselino Dr San Jose, CA 95136	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	150	150	
10/24/2018	Syed Mohsin 644 N Hillview Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer, Depict	250	250	
10/24/2018	John Nguyen 272 Midwick Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
10/24/2018	Thiet Nguyen 1803 Yosemite Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200	200	
10/24/2018	Tri Nguyen 1803 Yosemite Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200	200	
			SUBTOTAL $	900		

*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.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/24/2018	Natalie Vu 272 Midwick Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
10/24/2018	Thinh Nguyen 120 Dixon Landing Rd #138 Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200	200	
10/24/2018	Gai Phan 120 Dixon Landing Rd #138 Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		200	200	
10/24/2018	Chris Nguyen 272 Midwick Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		100	100	
10/26/2018	Vinson Trac 85 Valmar Terrace San Francisco, CA 94112	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor at Vinson Trac, Broker	250	250	
			SUBTOTAL $	850		

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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.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/26/2018	Kim Shepard 119 Camino Del Sol Vallejo, CA 94591	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Loan Officer, ERS	250	250	
10/26/2018	Richard Shepard 680 W Hedding St San Jose, CA 95126	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Loan Officer, ERS	250	250	
10/26/2018	Michael Santana (Information missing; funds were turned over to City of Milpitas. See page 16.)	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
10/26/2018	Rashmi Bhargava 1668 Indigo Oak Ln San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Consultant, Rashmi Bhargava	250	250	
10/26/2018	Lan Thi Nguyen 1809 Pruneridge Ave Santa Clara, CA 95050	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, ERS Premier	250	250	
			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 October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/26/2018	Ngoc Thi Nguyen 1044 Owsley Ave San Jose, CA 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hair Dresser, HK Hair	250	250	
10/26/2018	Tu Pham 14274 Lucian Ave San Jose, CA 95127	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Adjunct Faculty, Ohlone College	250	250	
10/26/2018	Angie Anhthuy Ngo 4454 Lisa Dr Union City, CA 94587	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, ERS	250	250	
10/26/2018	Freddy Ngo 1824 Midfield Ave Apt 5 San Jose, CA 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	IT, Intel	250	250	
10/26/2018	Anthony Nguyen 3470 Woodyend Ct San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent, PIA Select Solutions	250	250	
			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 October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/26/2018	Ngoc Nguyen 1157 Raposa Dr San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Loan Processor, ERS	250	250	
10/28/2018	Nhu Ton 36739 Capistrano Dr Fremont, CA 94536	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technician, Acca Machine	250	250	
10/28/2018	Minh-Phuong Phan 1750 Darwin Way San Jose, CA 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technician, Acca Machine	250	250	
10/28/2018	Kevin Le 3776 Moorpark Ave Apt 2 San Jose, CA 95117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technician, Acca Machine	250	250	
10/28/2018	Kim Marino 1914 Orlando Dr San Jose, CA 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technician, Acca Machine	250	250	
			SUBTOTAL $	1250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/28/2018	Tuan Tran Doan 1520 E Capitol Expy Spc 187 San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technician, Acca Machine	250	250	
10/28/2018	Vinh Phu Do 440 Aldo St Santa Clara, CA 95054	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President, Acca Machine	250	250	
10/28/2018	Calvin Do 440 Aldo Ave Santa Clara, CA 95054	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager, Acca Machine	250	250	
11/4/2018	Vincent Gomez 1487 Yosemite Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Junior Associate, Armando Gomez Consulting	250	250	
11/4/2018	Bernadette Gomez 1487 Yosemite Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	250	250	
			SUBTOTAL $	1250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
11/4/2018	Thong Nguyen 3155 Fowler Rd San Jose, CA 95135	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer, Oracle	250	250	
11/4/2018	Trang Nguyen 3155 Fowler Rd San Jose, CA 95135	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer, Apple	250	250	
11/4/2018	Chau Le 3420 San Saba Dr San Jose, CA 95148	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	QA Manager, Poshmark	250	250	
11/4/2018	Kim-Oanh Vo 3420 San Saba Dr San Jose, CA 95148	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Chop & Pub	250	250	
11/4/2018	Thuy Luong 540 Bonita Ave Spc 514 San Jose, CA 95116	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
			SUBTOTAL $	1250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
11/4/2018	Son Nguyen 5982 S Breeze Ct San Jose, Ca 95138	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager, Chop & Pub	250	250	
11/4/2018	Steven Luong 540 Bonita Ave Spc 509 San Jose, CA 95116	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
11/4/2018	Hung Luong 540 Bonita Ave Spc 514 San Jose, CA 95116	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
11/4/2018	Stephanie Le 3420 San Saba Dr San Jose, CA 95148	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	QC Manager, Lonza	250	250	
11/20/2018	Josef Tootle 210 Alamo Square Dr Alamo, CA 94507	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, ENGEO	250	250	
			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 October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
11/20/2018	Michael Peterson 2203 Oakvale Rd Walnut Creek, CA 94597	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Brown, Gee and Wenger	250	250	
11/20/2018	Erin Gibson 4505 Country Ln Livermore, CA 94550	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Gibson Custom Home Decorating & Landscape Design	250	250	
11/20/2018	Angelo Obertello 349 Shire Oaks Ct Lafayette, CA 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Project Manager, Cbg Inc	250	250	
11/20/2018	RLMP Company P.O. Box 66 San Jose, CA 95103	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
11/20/2018	Wood Rodgers 3301 C St Bldg 100-B Sacramento, CA 95816	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
			SUBTOTAL $	1250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
11/20/2018	SDG Architects 3361 Walnut Blvd Ste 120 Brentwood, CA 94513	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
11/20/2018	MacKay & Somps 5142 Franklin Dr Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
11/26/2018	Vu Do 440 Aldo Ave Santa Clara, CA 95054	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager, Acca Machine	250	250	
12/28/2018	Michael Santana (Information missing; funds were turned over to City of Milpitas. See page 9.)	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		-250	0	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	500		

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from October 21, 2018 through December 31, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Rich Tran 714 Parvin Dr Milpitas, CA 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mayor of Milpitas	$ 10025	$ 0	☑ PAID $ 2950 ☐ FORGIVEN $	$ 7075 DATE DUE	0 % RATE $	$ 25 12/7/17 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0		$ 2950	$ 7075	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 2950
   (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** $ -2950
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

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

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period from October 21, 2018 through December 31, 201

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/18	Bertha Gomez 1447 Saturn Ct Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	food for fundraiser	248.53	248.53	
12/8/18	Milpitas Firefighters PAC FPPC ID #941250 5429 Madison Ave Sacramento, CA 95841	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		flyer distribution	324	324	
12/17/18	Milpitas Firefighters PAC FPPC ID #941250 5429 Madison Ave Sacramento, CA 95841	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		reimbursement for excess of contribution limits	-74	250	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 498.53

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 498.53
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 498.53

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IND – Individual
COM – Recipient Committee (other than PTY or SCC)
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Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period from October 21, 2018 through December 31, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/24/2018	Raymond Mueller for Alum Rock Trustee 2018 FPPC ID#1402001 3042 Bigwood Dr San Jose, CA 95127 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		100	100	
11/4/2018	Kelly Yip-Chuan For Milpitas School Board, 2018 FPPC ID#1401972 1313 N Milpitas Blvd Ste 179 Milpitas, CA 95035 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250	250	
11/16/2018	Karina Dominguez For Milpitas City Council 531 N Abbott Ave Milpitas, CA 95035 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		250	250	
			SUBTOTAL $	750		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 750
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 750

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from October 21, 2018
through December 31, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Dai Phat Tha 1630 Oakland Rd A109 San Jose, CA 95131	RAD		1000
The Milpitas Beat 567 Glasgow Ct. Milpitas, CA 95035	WEB		203.23
Milpitas Post 59 Marylinn Dr Milpitas, CA 95035	WEB		300

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

SUBTOTAL $ 1503.23

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 13501.16
2. Unitemized payments made this period of under $100 ..... $ 255.86
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 $** 13757.02

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from October 21, 2018 through December 31, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Facebook 1 Facebook Way Menlo Park, CA 94025	WEB		6127.61
Raymond Mueller for Alum Rock Trustee 2018 FPPC ID#1402001 3042 Bigwood Dr San Jose, CA 95127	CTB		100
Kelly Yip-Chuan For Milpitas School Board, 2018 FPPC ID#1401972 1313 N Milpitas Blvd Ste 179 Milpitas, CA 95035	CTB		250
ABC Printing 1090 S Milpitas Blvd Milpitas, CA 95035	LIT		343.35
Crawdaddy's Restaurant 1228 S Abel St Milpitas, CA 95035		election night party	2426.97

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

SUBTOTAL $ 9247.93

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from October 21, 2018 through December 31, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Karina Dominguez For Milpitas City Council 531 N Abbott Ave Milpitas, CA 95035	CTB		250
Drex Lee 415 E Taylor St Apt 3093 San Jose, CA 95112		video production	2000
Ron Scott 3355 Isadora Dr San Jose, CA 95132		musical performance	500

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

SUBTOTAL $ 2750

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from September 23, 2018 through October 20, 2018

Date of election if applicable: (Month, Day, Year) November 6, 2018

Date Stamp: City Clerk's Office OCT 22 2018 RECEIVED

CALIFORNIA FORM 460

Page 1 of 12

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: 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Reelect Mayor Rich Tran 2018

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: (408) 391-2882

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: Justin Lardinois

MAILING ADDRESS: 3845 Blackford Ave Apt 204

CITY: San Jose | STATE: CA | ZIP CODE: 95117 | AREA CODE/PHONE: (831) 334-7464

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 10/21/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 10/21/2018 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Tran

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

Mayor of Milpitas

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

714 Parvin 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 September 23, 2018 through October 20, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4656	$ 16789
2. Loans Received	*Schedule B, Line 3*	9000	10025
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 13656	$ 26814
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 13656	$ 26814

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 13737.01	$ 22244.35
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 13737.01	$ 22244.35
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 13737.01	$ 22244.35

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 4650.66
13. Cash Receipts	*Column A, Line 3 above*	13656
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	13737.01
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4569.65

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 10025

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.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from September 23, 2018
through October 20, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2018	Bruce Liu 33 Sun Song Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
9/23/2018	Carolyn Tiernan 302 Silvera St Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corporate Accounts Payable Manager, Coherent	250	250	
9/24/2018	Live Lotus 556 N 1st St Ste 3 San Jose, CA 95112	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100	
9/24/2018	Mikey Nguyen 1988 Fremont Blvd Seaside, CA 93955	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Chopstix	250	250	
9/24/2018	Thu Thuy Tran 4690 Pacheco Pass Hwy Gilroy, CA 95020	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineering, IBM	100	100	
			SUBTOTAL $	800		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4600
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 56
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 4656

*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 September 23, 2018
through October 20, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2018	Thanh Nguyen 1978 Loch Ness Way San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
9/26/2018	Tan Ngo 95 N 4th St San Jose, CA 95112	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Inkvested	100	100	
9/29/2018	Omar Ahmad 690 Princess Place Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Sports Partnerships, STRIVR	100	100	
10/1/2018	Bobbie Chavarria 1812 Crater Lake Ave Milpitas, CA 95035	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hair stylist, Chava Pelo Salon	100	100	
10/4/2018	Shawn Lepisi 2312 East 48th Ave Spokane, WA 99223	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director of Donor Relations, Second Harvest Food Bank	100	100	
			SUBTOTAL $	500		

*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 September 23, 2018 through October 20, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/4/2018	Antonio Gaspar 1400 Dempsey Rd Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, J&J Hair & Nails Salon	250	250	
10/5/2018	GD Commercial Real Estate 1455 McCarthy Blvd Milpitas, CA 95035	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
10/5/2018	Joe Gigantino 1477 Dry Creek Rd San Jose, CA 95125	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Trustee, The Health & Fitness Trust	250	250	
10/5/2018	Christine Gigantino 1477 Dry Creek Rd San Jose, CA 95125	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Weights and Bars	250	250	
10/6/2018	Andrew Do 499 S Park Victoria Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineer, Applied Materials	250	250	
			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 September 23, 2018 through October 20, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/6/2018	Jacqueline Luk 698 N Park Victoria Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	250	250	
10/10/2018	Build Jobs PAC FPPC ID #761102 1350 Treat Blvd Ste 140 Walnut Creek, CA 94597	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250	250	
10/11/2018	Judit Van Caenegem 1116 Bendmill Way San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Housewife	100	100	
10/11/2018	David Hufton 1455 Fontainebleu Ave Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
10/11/2018	Delia Hufton 1455 Fontainebleu Ave Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250	250	
			SUBTOTAL $	1100		

*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 September 23, 2018
through October 20, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
10/12/2018	Michael O'Rourke 26 Cosso Ct Lafayette, CA 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Executive Officer, Westmont Living	250	250	
10/15/2018	Thai Nguyen 3969 Avignon Lane San Jose, CA 95135	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrician/City of Milpitas	200	200	
10/18/2018	Swapan Prajapati 1763 2nd Avenue 10p New York, NY 10128	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, De Elegante Villa	250	250	
10/19/2018	Kristian Dela Cruz 2410 Robinson Ave Santa Clara, CA 95051	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Military - USAF	250	250	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 950		

*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 September 23, 2018 through October 20, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Rich Tran 714 Parvin Dr Milpitas, CA 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mayor of Milpitas	$ 1025	$ 9000	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 10025 DATE DUE ____	0 % RATE $ ____	$ 25 DATE INCURRED 12/7/17	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 9000		$ 0	$ 10025	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 9000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 9000
   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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period from September 23, 2018 through October 20, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
10/6/2018	Carmen Montano 4 City Council FPPC ID #1407282 ☑ Support ☐ Oppose	☐ Monetary Contribution ☑ Nonmonetary Contribution ☐ Independent Expenditure	Facebook advertising	168.89	242.05	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	168.89		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 168.89
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 46.50
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 215.39

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from September 23, 2018
through October 20, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Smart & Final 401 Jacklin Rd Milpitas, CA 95035	FND		168.57
Milpitas Post 59 Marylinn Dr Milpitas, CA 95035	PRT		2852
Facebook 1 Facebook Way Menlo Park, CA 94025	WEB		3487.89

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

SUBTOTAL $ 6508.46

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 13577.15
2. Unitemized payments made this period of under $100 ..... $ 159.86
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 $** 13737.01

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from September 23, 2018 through October 20, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Tamizh Suvai Radio 847 Canada Dr Milpitas, CA 95035	RAD		300
Omega Restaurant 90 S Park Victoria Dr Milpitas, CA 95035		food for campaign event	167.95
AP Printing 3400 De La Cruz Blvd, Unit W, X Santa Clara, CA 95054	CMP		322.64
ABC Printing 1090 S Milpitas Blvd Milpitas, CA 95035	LIT		6278.10

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

SUBTOTAL $ 7068.69

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Reelect Mayor Rich Tran 2018		10/16/2018	City Clerk's Office OCT 17 2018 RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER: (408) 755-5554	I.D. NUMBER (if applicable): 1400416	Report No. 1		
STREET ADDRESS: 714 Parvin Dr		☐ Amendment to Report No. _____ (explain below)		
CITY: Milpitas	STATE: CA / ZIP CODE: 95035	No. of Pages 1		

1. Contribution(s) Received

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
10/16/2018	Rich Tran 714 Parvin Dr Milpitas, CA 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mayor of Milpitas	9000 ☒ Check if Loan 0 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____ % Provide interest rate

**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

Reason for Amendment: _____

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 460
from July 1, 2018 through September 22, 2018	November 6, 2018	City Clerk's Office OCT 02 2018 RECEIVED	Page 1 of 18 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: 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Reelect Mayor Rich Tran 2018

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408) 391-2882

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: Justin Lardinois

MAILING ADDRESS: 3845 Blackford Ave Apt 204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95117	(831) 334-7464

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 9/24/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9/24/18 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Tran

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

Mayor of Milpitas

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
714 Parvin 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 July 1, 2018 through September 22, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 9531	$ 12133
2. Loans Received	*Schedule B, Line 3*	1000	1025
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10531	$ 13158
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10531	$ 13158

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 6476.54	$ 8507.34
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6476.54	$ 8507.34
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 6476.54	$ 8507.34

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 596.20
13. Cash Receipts	*Column A, Line 3 above*	10531
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	6476.54
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 4650.66

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1025

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.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from July 1, 2018 through September 22, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
7/9/2018	Malik Husain 2560 Robinson Ave #2 Santa Clara, CA 95051	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, South Bay Commercial	250	250	
7/12/2018	Aaron Cervantez 3386 Routier Rd Sacramento, CA 95827	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Application Analyst II, Sutter Health	100	100	
7/13/2018	Anthony Espitia 1 South Market Street Apt #1616 San Jose, CA 95113	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director/FLEX College Prep	100	100	
7/22/2018	Loc Nguyen 2080 Cascade Dr Corona, CA 92878	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Westcoast Marketing and Operations at Vitol Group	200	200	
7/23/2018	Daniel Lee 1668 Big Bend Dr Milpitas CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Quality Engineer, Adobe Systems	250	250	
			SUBTOTAL $	900		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 9200
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 331
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 9531

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IND – Individual
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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 July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
7/26/2018	Thanh T. Nguyen 16235 Greenwood Lane Monte Sereno, CA 95030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor, Hillstone Investment Group LLC	250	250	
7/26/2018	Dylan Nguyen 2726 Aborn Rd Ste #207 San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, ResCom	250	250	
7/30/2018	Robinson Oil Corporation (Rotten Robbie) 955 Martin Avenue Santa Clara, CA 95050	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
7/31/2018	Anh Vo 605 N White Rd San Jose, CA 95127	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Servicemember, Air Force	250	250	
7/31/2018	Donnie Eiland 1327 Columbus Dr Milpitas, Ca, 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Logistics Lead, Apple Inc	100	125	
			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 July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
7/31/2018	Christa Lynn Masnaghetti 20108 Foster Rd Los Gatos, CA 95030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pilates Instructor, Christa Masnaghetti	250	250	
7/31/2018	Joe McCarthy 210 Almendra Ave Los Gatos, CA 95030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer, McCarthy Ranch	250	250	
8/1/2018	Joseph McCarthy Jr. 213 Tait Ave Los Gatos, CA 95030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate, MC Management	250	250	
8/1/2018	Megan McCarthy 213 Tait Ave Los Gatos, CA 95030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer, Littler Mendelson	250	250	
8/2/2018	Carolyn McCarthy 2859 Union St San Francisco, CA 94123	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Unemployed	250	250	
			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 July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/2/2018	Christine McCarthy 21 E Huron St Apt 1002 Chicago, IL 60611	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO, ACP	250	250	
8/3/2018	William R. Ulmer 1015 Curtner Ave San Jose, CA 95125	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant, T and W Inc	250	250	
8/4/2018	Don Calandri 1721 Marina Way San Jose, CA 95125	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales, GJH Co.	250	250	
8/12/2018	Mai Thi Dang-Nguyen 579 Glasgow Ct Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate, Boston Scientific	100	100	
8/12/2018	Karen H Nguyen 18201 Tolusa Place Morgan Hill, CA 95037	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Associate, Boston Scientific	250	250	
			SUBTOTAL $	1100		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

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Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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8/13/2018	Thai Nguyen 1228 S. ABEL STREET MILPITAS, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO, Crawdaddy408 Inc. and Sirelango Inc	250	250	
8/15/2018	David Cardiel 39800 Fremont Blvd Apt 138 Fremont, CA 94538	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Foreman Electrician, Performance Contracting Inc	250	250	
8/15/2018	Dipak Awasthi 387 Summerfield Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Bonfare Market #39	100	100	
8/15/2018	Paul D Alexa 370 Spring Valley Lane Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
8/15/2018	Armando Gomez 1487 Yosemite Dr. Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, Armando Gomez Consulting	250	250	
			SUBTOTAL $	950		

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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 July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
8/16/2018	David Shen 1550 Technology Dr Unit 2042 San Jose, CA 95110	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Samsung	200	400	
8/16/2018	David Shen (returned contribution in excess of contribution limit)	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		-150	250	
8/22/2018	Lien Hoang 6928 Cedar Blvd Newark, CA 94560	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200	200	
9/5/2018	Aria Dining & Banquets 212 Ranch Dr Milpitas, CA 95035	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
9/7/2018	Michael O'Rourke 26 Cosso Ct Lafayette, CA 94549	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Executive Officer, Westmont Living	250	250	
			SUBTOTAL $	750		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from July 1, 2018
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CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
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9/7/2018	Dee McGonigle 111 N Post, Ste 200 Spokane, WA 99201	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Principal - Real Estate Construction, SRM	250	250	
9/7/2018	Trevor Ashenbrener 111 N Post, Ste 200 Spokane, WA 99201	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, Real Estate Construction, SRM Development	250	250	
9/7/2018	Ryan Leong 111 N Post, Ste 200 Spokane, WA 99201	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, Real Estate Finance & Operations, CFO/COO, SRM	250	250	
9/7/2018	James Burns 6114 La Salle Ave, PMB 465 Oakland, CA 94611	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect, Collaborative Design Architects	250	250	
9/10/2018	James Rivard 111 N Post, Ste 200 Spokane, WA 99201	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Managing Principal - Real Estate, SRM Development	250	250	
			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 July 1, 2018
through September 22, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

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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)
9/10/2018	Soleil McKinley 5335 Westknoll Dr San Diego, CA 92109	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent, Equity First	250	250	
9/10/2018	Leo McKinley 5335 Westknoll Dr San Diego, CA 92109	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chief Financial Officer, Westmont Living	250	250	
9/11/2018	Andrew Plant 5820 Waverly Ave La Jolla, CA 92037	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President, Westmont Living	250	250	
9/12/2018	Deborah Clausen 5674 Stoneridge Dr, Ste 212 Pleasanton, CA 94588	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker, Callahan Property Company	250	250	
9/13/2018	LT Commercial Property Management 1256 S Abel St Milpitas, CA 95035	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250	250	
			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 July 1, 2018
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CALIFORNIA FORM 460

NAME OF FILER
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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)
9/14/2018	Joseph Callahan 5674 Stoneridge Dr, Ste 212 Pleasanton, CA 94588	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer, Callahan Property Company	250	250	
9/18/2018	John Truong 32452 Elizabeth Way Union City, CA 94587	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Social Worker, SCVMC	200	200	
9/19/2018	Valerie Large 936 Matterhorn Ct Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Operations, Trimble	100	100	
9/20/2018	Cat-Tuong Nguyen 540 Clauser Drive Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager, Applied Materials	150	150	
9/21/2018	Dat Nguyen 211 Images Circle Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Recruiter, Facebook	100	100	
			SUBTOTAL $	800		

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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 July 1, 2018
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CALIFORNIA FORM 460

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I.D. NUMBER
1400416

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)
9/21/2018	Michael O'Rourke (returned contribution; donor contributed by cashier's check)	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		-250	0	
9/21/2018	Tony Tran 76 South Park Victoria Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner, Hidden Dragon Taekwondo	100	100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	-150		

*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 July 1, 2018 through September 22, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Rich Tran 714 Parvin Dr Milpitas, CA 95035 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Mayor of Milpitas	$ 25	$ 1000	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 1025 DATE DUE ____	0 % RATE $ ____	$ 25 12/7/18 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $ 1000		$ 0	$ 1025	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 1000
   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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM **460**

Statement covers period from July 1, 2018 through September 22, 201

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $ 0		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 0
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 96.32
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 96.32

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2018 through September 22, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Facebook 1 Facebook Way Menlo Park, CA 94025	WEB		527.35
PayPal 2211 N 1st St San Jose, California 95131	WEB		113.41
Amazon 410 Terry Ave N Seattle, WA 98109	OFC		241.97

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

SUBTOTAL $ 882.73

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6260.37
2. Unitemized payments made this period of under $100 ..... $ 216.17
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 $** 6476.54

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2018 through September 22, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
City of Milpitas 455 E. Calaveras Blvd. Milpitas, CA 95035	FIL		2140
Omega Restaurant 90 S Park Victoria Dr Milpitas, CA 95035	FND		397.74
FreeLogoServices.com 101 Convention Ctr Dr, 7th Floor Las Vegas, NV 89109	CMP		1469.04
ABC Printing 1090 S Milpitas Blvd Milpitas, CA 95035	LIT		463.25
Applebee's 84 Ranch Dr Milpitas, CA 95035	FND		308.11

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

SUBTOTAL $ 4778.14

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2018 through September 22, 201

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
AP Printing 3400 De La Cruz Blvd, Unit W, X Santa Clara, CA 95054	CMP		599.50

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

SUBTOTAL $ 599.50

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from January 1, 2018 through June 30, 2018

Date of election if applicable: (Month, Day, Year) November 6, 2018

Date Stamp: City Clerk's Office JUL 30 2018 RECEIVED

CALIFORNIA FORM 460

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:

- [ ] 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: 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Reelect Mayor Rich Tran 2018

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95117	(408) 391-2882

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: Justin Lardinois

MAILING ADDRESS: 3845 Blackford Ave Apt 204

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95117	(831) 334-7464

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 7/8/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 07/19/18 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Tran

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

Mayor of Milpitas

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

714 Parvin 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 January 1, 2018 through June 30, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 2602	$ 2602
2. Loans Received	*Schedule B, Line 3*	0	25
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2602	$ 2627
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2602	$ 2627

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*	$ 2030.80	$ 2030.80
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2030.80	$ 2030.80
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2030.80	$ 2030.80

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*	$ 25
13. Cash Receipts	*Column A, Line 3 above*	2602
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	2030.80
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 596.20

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

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*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 25

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from January 1, 2018
through June 30, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
1/5/2018	David Shen 1550 Technology Dr Unit 2042 San Jose, CA 95110	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, Samsung	200	200	
1/5/2018	Khiet Tran 5841 Pistoia Way San Jose, CA 95138	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Realtor, South Bay Commercial	250	250	
1/8/2018	Tam Nguyen 1091 Woodminster Dr San Jose, CA 95121	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember, City of San Jose	100	100	
1/9/2018	James Lo 168 Fountainbleu Ct. Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant, Silver Spring Networks	250	250	
1/10/2018	Fonso & ~~Josephine Tenedora~~ Tenedora 598 Clauser Drive Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineering Support Technician, Theranos	100	100	
			SUBTOTAL $	900		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2450
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 152
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 2602

*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 January 1, 2018
through June 30, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
1/10/2018	Albert Alcorn 2383 Mattos Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer at Inphi	250	250	
1/10/2018	Kathy Littleton 1344 ADMIRE CT MILPITAS, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
1/29/2018	Darivette Miranda-Capella 445 Pavonia Ave 3 Jersey City, NJ 07306	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sr. Accountant at Teads Inc	100	100	
2/14/2018	Ivettedari Miranda-Capella 1763 2nd Ave. 10P New York, NY 10128	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Occupational Therapist, Split Rock Rehab and Health Care Center	250	250	
2/16/2018	Kevin Nguyen 80 Summer St. Apt 6 Passaic, NJ 07055	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Evaluation, Sanctuary for Families	100	100	
			SUBTOTAL $	800		

*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 January 1, 2018
through June 30, 2018

CALIFORNIA FORM 460

NAME OF FILER
Reelect Mayor Rich Tran 2018

I.D. NUMBER
1400416

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)
5/10/2018	Leon Doan 477 N. Park Victoria Dr. Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Software Engineering (Broadcom)	250	250	
5/15/2018	Bang Huynh 450 Clauser Dr Milpitas, CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer @ arm	250	250	
5/19/2018	Jim P Chang 32485 Lake Barlee Lane Fremont, CA 94555	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Area Sales Manager, Stearns	250	250	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	750		

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from January 1, 2018
through June 30, 2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
Stuft Pizza 1426 Dempsey Rd Milpitas, CA 95035	FND		323.68
LVL 44 44 S Almaden Ave San Jose, CA 95113	FND		110.23
Omega Restaurant 90 S Park Victoria Dr Milpitas, CA 95035	FND		1101.90

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

SUBTOTAL $ 1535.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1699.69
2. Unitemized payments made this period of under $100 ..... $ 331.11
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 $** 2030.80

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from January 1, 2018 through June 30, 2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Reelect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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		remittance envelopes	163.88

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

SUBTOTAL $ 163.88

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Date Stamp: City Clerk's Office JAN 24 2018 RECEIVED

CALIFORNIA FORM **460**

For Official Use Only

Statement covers period from July 1, 2017 through December 31, 2017

Date of election if applicable: (Month, Day, Year) November 6, 2018

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: 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Releect Mayor Rich Tran 2018

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY: Milpitas | STATE: CA | ZIP CODE: 95035 | AREA CODE/PHONE: (408) 391-2882

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: Justin Lardinois

MAILING ADDRESS: 3845 Blackford Ave Apt 204

CITY: San Jose | STATE: CA | ZIP CODE: 95117 | AREA CODE/PHONE: (831) 334-7464

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 1/23/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 1/23/2018 (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)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard Tran

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

Mayor of Milpitas

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

714 Parvin 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 July 1, 2017 through December 31, 2017

CALIFORNIA FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Releect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 0	$ 0
2. Loans Received	*Schedule B, Line 3*	25	25
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 25	$ 25
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 25	$ 25

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*	$ 0	$
7. Loans Made	*Schedule H, Line 3*	0	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 0	$

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*	$
13. Cash Receipts	*Column A, Line 3 above*	25
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 25

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ 0

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ 25

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).

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2017 through December 31, 2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Releect Mayor Rich Tran 2018

I.D. NUMBER: 1400416

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
†☐ 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** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0		$ 0	$ 0	$ 0 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 25
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 25
   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.

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Date Stamp: City Clerk's Office AUG 01 2018 RECEIVED

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2018 through 06/30/2018

Date of election if applicable: (Month, Day, Year) 11/08/2016

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
- [x] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICH TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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 07/31/2018 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 07/31/2018 (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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICH TRAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY of MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 01/01/2018 through 07/31/2018

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386169

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	$ 10,894
2. Loans Received	*Schedule B, Line 3*	Ø	21,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ Ø	$ 32,394
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ Ø	$ 32,394

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ Ø	$ 33,276
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ Ø	$ 33,276
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*	$ Ø	$ 33,276

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5,925
13. Cash Receipts	*Column A, Line 3 above*	Ø
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	Ø
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5,925

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*	$ 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).

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.

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2017 through 12/31/2017

Date of election if applicable: (Month, Day, Year) 11/08/2016

Date Stamp: City Clerk's Office FEB 21 2018 RECEIVED

CALIFORNIA FORM 460

Page 1 of 4

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:

- [ ] 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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICH TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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 02/20/2018 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 02/20/2018 (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
RICH TRAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 07/01/2017 through 12/31/2017

CALIFORNIA FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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	$ 10,894
2. Loans Received	Schedule B, Line 3	-5,925	15,575
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ -5,925	$ 26,469
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ -5,925	$ 26,469

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	$ Ø	$ 33,276
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ Ø	$ 33,276
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	$ Ø	$ 33,276

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	$ 5,925
13. Cash Receipts	Column A, Line 3 above	-5,925
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	Ø
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ Ø

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	$ Ø

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2017 through 12/31/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
RICHARD TRAN 714 PARVIN DRIVE MILPITAS CA 95035 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MEDICAL SOCIAL WORKER SANTA CLARA COUNTY	$ 21,500	$ Ø	☐ PAID $ ____ ☒ FORGIVEN $ 5,925	$ Ø DATE DUE	Ø % RATE $ ____	$ 21,500 01/01/16 – 12/31/16 DATE INCURRED	CALENDAR YEAR $ 21,500 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 $ Ø		$ 5,925	$ Ø	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ Ø
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 5,925
   (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** $ –5,925
   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.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2017 through 07/31/17

Date of election if applicable: (Month, Day, Year) 11/08/2016

Date Stamp: City Clerk's Office AUG 17 2017 RECEIVED

CALIFORNIA FORM 460

Page 1 of 3

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:

- [ ] 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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICH TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)391-2882

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 08/17/2017 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 08/17/2017 (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**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICH TRAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 01/01/2017 through 07/31/2017

CALIFORNIA FORM 460

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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	$ 10,894
2. Loans Received	*Schedule B, Line 3*	Ø	21,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ Ø	$ 32,394
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ Ø	$ 32,394

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ Ø	$ 33,276
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ Ø	$ 33,276
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*	$ Ø	$ 33,276

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5,925
13. Cash Receipts	*Column A, Line 3 above*	Ø
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	Ø
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5,925

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* — $ 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).

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.

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/23/2016 through 12/31/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

Date Stamp: City Clerk's Office FEB 07 2017 RECEIVED

CALIFORNIA FORM 460

Page 1 of 12

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:

- [ ] 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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICH TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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 02/05/2017 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 02/05/2017 (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
RICH TRAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,005	$ 10,894
2. Loans Received	*Schedule B, Line 3*	Ø	21,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 2,005	$ 32,394
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 2,005	$ 32,394

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*	$ 6,418	$ 33,276
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 6,418	$ 33,276
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*	$ 6,418	$ 33,276

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*	$ 3,531
13. Cash Receipts	*Column A, Line 3 above*	2,005
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	6,807
15. Cash Payments	*Column A, Line 8 above*	6,418
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5,925

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* — $ Ø

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
10/31/16	DAVID WILSON 3645 DIVISIDERO ST. SAN FRANCISCO, CA 94123	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONSULTANT WAYPOINT	$100	$100	
10/31/16	SANTA CLARA CONSTRUCTION 14428 BIG BASIN WAY SARATOGA CA 95070	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC	COMPANY	$100	$100	
11/7/16	RICK CHURCHILL 7018 ELIZABETH VALLEY SPRINGS, CA 95252	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100	$100	
11/7/16	MARIE COX 6698 HAMPTON DR. SAN JOSE CA 95120	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100	$100	
11/7/16	ASHLEY EASTWOOD 2321 ROCKINGHAM CIRCLE LODI CA 95242	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HOMEMAKER	$100	$100	

SUBTOTAL $ 500

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1,700
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 305
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,005

*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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
11/7/16	DAVE FISHER 2000 W. BROWELL WOODS ALAMPO CA 95220	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PROPERTY MANAGER RPM CO.	$100	$100	
11/7/16	PETER FRIIS 17703 BENTLEY COURT LINDEN CA 95286	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DEVELOPER SRM DEVELOP.	$100	$100	
11/7/16	WENDY GARIBALDI 1311 RIVERGATE DRIVE LODI CA 95240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HOMEMAKER	$100	$100	
11/7/16	GARRETT GRITZ 1300 CLAY ST. #600 OAKLAND CA	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CIVIL ENGINEER DIABLO ENG. GROUP	$100	$100	
11/7/16	JACKI IRWIN 5275 HECKER PASS RD GILROY CA 95020	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PROP. MANAGER SELF EMPLOYED	$100	$100	

SUBTOTAL $ 500

*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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
11/7/16	OGDEN LILLY 1865 UNIVERSITY WAY SAN JOSE CA 95126	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CPA BOLTANO, SARGENT, LILLY	$100	$100	
11/7/16	NORM MATTEONI 848 THE ALAMEDA SAN JOSE CA 95126	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY MATTEONI, O'LAUGHLIN, HECHTMAN	$100	$100	
11/7/16	BOB PFEIL 2358 PHEASANT RUN CIRCLE STOCKTON CA 95207	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP ACQUISITION RPM CO.	$100	$100	
11/7/16	JEAN SMITH 4208 CHABOYA ROAD SAN JOSE CA 95148	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HOMEMAKER	$100	$100	
11/7/16	CHRIS SMITH 4208 CHABOYA ROAD SAN JOSE CA 95148	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OWNER SMITH PROP. MANAGEMENT	$100	$100	
			SUBTOTAL $ 500			

*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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
11/7/16	STEVEN SMITH 4208 CHABOYA ROAD SAN JOSE CA 95148	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONTRACTOR SOUTH BAY STUCCO	$100	$100	
11/7/16	JOE SWEENEY 110 STONEYBROOK RD. LOS GATOS CA 95032	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ATTORNEY SWEENY, MASON, BOSOMWORTH	$100	$100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 200

*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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
RICHARD TRAN 714 PARVIN DRIVE MILPITAS CA 95035 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MEDICAL SOCIAL WORKER SANTA CLARA COUNTY	$ 21,500	$ Ø	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ Ø DATE DUE	Ø % RATE $	$ 21,500 DATE INCURRED 01/01-12/31 2016	CALENDAR YEAR $ 21,500 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 $	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ Ø
   (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 $ Ø
   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 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRIAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
FACEBOOK ADS 1 HACKER WAY PALO ALTO/MENLO PARK CA 94025	CMP	Facebook ads	$662
MILPITAS POST 59 MARYLINN DRIVE MILPITAS CA 95035	CMP PRT	Newspaper ad	$673
Facebook ADS 1 HACKER WAY MENLO PARK 94025	CMP	Facebook ads	$218

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

SUBTOTAL $ 1,553

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,008
2. Unitemized payments made this period of under $100 ..... $ 410
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 $ 6,418

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
MILPITAS POST 59 MARYLINN DRIVE MILPITAS CA 95035	CMP PRT	newspaper ad	$199
FACEBOOK ADS 1 HACKER WAY MENLO PARK 94025	CMP	Facebook ads	$255
FACEBOOK ADS 1 HACKER WAY MENLO PARK 94025	CMP	Facebook ads	$501
CRAWDADDY RESTAURANT 1228 S. ABEL ST. MILPITAS CA 95035	MTG TRC	ELECTION NIGHT EVENT	$500
JUSTIN LARDINOIS 1112 ROBERTS DR #3 SAN JOSE CA 95117	SAL	FIELD ORGANIZING	$1,000

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

SUBTOTAL $ 2,455

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
KEDAR PENDYALA 6993 RODUNG DR. #F SAN JOSE CA 95138	SAL	CAMPAIGN DIRECTING	$1,000
PATRICK FALZER 1153 LAFAYETTE ST. SANTA CLARA CA 95050	SAL	FIELD DIRECTING	$1,000

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

SUBTOTAL $ 2,000

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/16/16	STAPLES DIRECT MAIL 627 E. CALAVERAS BLVD. MILPITAS, CA 95035	MAIL REFUND DUE TO SHIPPING ERROR (FAILED ORDER)	$6,807.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 6,807.00

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 6,807
2. Unitemized increases to cash of under $100 this period. ..... $ Ø
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ Ø
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 6,807

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Date Stamp: City Clerk's Office OCT 31 2016 RECEIVED

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 09/25/2016 through 10/22/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICH TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408)391-2882

NAME OF ASSISTANT TREASURER, IF ANY: NONE

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 10/23/2016 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10/23/2016 (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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICH TRAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY of MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARKIN 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 575	$ 8,889
2. Loans Received	*Schedule B, Line 3*	10,000	21,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10,575	$ 30,389
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10,575	$ 30,389

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 15,434.00	$ 26,858
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 15,434.00	$ 26,858
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*	$ 15,434.00	$ 26,858

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 8,390
13. Cash Receipts	*Column A, Line 3 above*	10,575
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	15,434
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 3,531

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*	$ 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).

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.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 09/25/2016 through 10/22/2016

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
10/09/16	DAN NGUYEN 1667 DENNIS AVE MILPITAS CA 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SALES PIERCEY TOYOTA	$200	$200	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 200

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 200
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 375
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 575

*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 9/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
RICHARD TRAN 714 PARVIN DRIVE MILPITAS CA 95035 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MEDICAL SOCIAL WORKER SANTA CLARA COUNTY	$ 11,500	$ 10,000	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ Ø DATE DUE	Ø % RATE $	$ 21,500 01/01-10/22 DATE INCURRED	CALENDAR YEAR $ 21,500 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 $		$	$	$		

(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 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
JUSTIN SAN DIEGO 755 E. CAPITOL AVE #209 MILPITAS CA 95035	CMP	CAMPAIGN COMMERCIAL	$300
MIKE PACU 1825 ARIZONA AVE MILPITAS CA 95035	CMP	CAMPAIGN COMMERCIAL	$300
FACEBOOK ADS 1 HACKER WAY MENLO PARK, CA 94025	CMP	FACEBOOK ADS	$1,019

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

SUBTOTAL $ 1,619

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 15,434
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 $ 15,434

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 9/25/2016
through 10/22/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
MILPITAS POST NEWSPAPER 59 MARYLINN DRIVE MILPITAS CA 95035	CMP/PRT	FACEBOOK ADS	$200
STAPLES DIRECT MAIL 627 E. CALAVERAS BLVD. MILPITAS CA 95035	POS	DIRECT MAIL TO REGISTERED VOTERS	$13,614

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

SUBTOTAL $ 13,814

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/01/2016 through 9/24/2016

Date of election if applicable: (Month, Day, Year) 11, 8, 2016

Date Stamp: City Clerk's Office OCT - 5 2016 RECEIVED

CALIFORNIA FORM 460

Page 1 of 5

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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)
- [x] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

Added addresses in Schedule E

3. Committee Information

I.D. NUMBER 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Rich Tran for Mayor 2016

STREET ADDRESS (NO P.O. BOX): 714 Parvin Dr

CITY: Milpitas STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391 2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: rich@tranformilpitas.com

Treasurer(s)

NAME OF TREASURER: Rich Tran

MAILING ADDRESS: 714 Parvin Dr

CITY: CA STATE: 95035 ZIP CODE: (408) 391 2882 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 10/04/2016 (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)

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2016
through 9/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1386189

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
Milpitas Chamber of Commerce	828 N. Hillview Dr Milpitas, CA 95035	FND	Banquet Tickets X2	$100.00
Free Logo Services	319 A. St. Boston, MA 02210	CMP	25 Banners	$673.88
Free Logo Services	319 A. St. Boston, MA 02210	CMP	25 Banners	$673.88

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

SUBTOTAL $ 1,447.76

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9,199.50
2. Unitemized payments made this period of under $100 ..... $ 999.50
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 $** 10,199

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2016
through 9/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1386189

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
ABC Printing	1040 S. Milpitas Blvd Milpitas, CA 95035	CMP	Flyers	$255.81
Big 5 Sporting Goods	757 E. Calaveras Blvd Milpitas, CA 95035	OFC	Cooler	$130.44
City of Milpitas	455 E. Calaveras Blvd Milpitas, CA 95035	CMP	Candidate's Statement	$1,900.00
AP Printing Corp.	3400 De La Cruz Blvd, Santa Clara, CA 95054	CMP	10,000 Flyers	$587.29

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

SUBTOTAL $ 2873.55

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/01/2016
through 9/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1386189

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
Free Logo Services	319 A. St. Boston, MA 02210	CMP	25 Banners	$673.88
Staples	627 E. Calaveras Blvd Milpitas, CA 95035	CMP	1,000 Flyers 100 Posters	$623.01
ABC Printing	1090 S. Milpitas Blvd Milpitas, CA 95035	CMP	10,000 Flyers	$300.00
Milpitas Post Newspaper	59 Marylinn Dr. Milpitas, CA 95035	PRT	Newspaper Advertisement	$2,616.30
ABC Printing	1090 S. Milpitas Blvd Milpitas, CA 95035	CMP	Flyers	$200.00

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

SUBTOTAL $ 4413.19

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/01/2016 through 9/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1386189

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
Gyrex Hernandez 456 Willow Ave Milpitas, CA 95035	CMP	40 Campaign T-Shirts	$465.00
Pat Fulzer 1153 Lafayette St. Santa Clara, CA 95050	SAL	Data Analysis	$120.00
Keelur Pendgaln 6993 Rolling Dr. San Jose, CA 95138	SAL	Data Analysis	$120.00
Ian Crutchfield 96 Southport Ct San Jose, CA 95138	SAL	Data Analysis	$120.00

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

SUBTOTAL $ 825.00

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 9

For Official Use Only

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2016 through 09/24/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICHARD TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

NAME OF ASSISTANT TREASURER, IF ANY: NONE

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 09/24/2016 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 09/24/2016 (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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RICHARD TRAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY of MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 07/01/2016 through 09/24/2016

CALIFORNIA FORM 460

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,556	$ 8,314
2. Loans Received	*Schedule B, Line 3*	3,000	11,500
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5,556	$ 19,814
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5,556	$ 19,814

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 10,194	$ 11,424
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10,194	$ 11,424
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*	$ 10,194	$ 11,424

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 13,028
13. Cash Receipts	*Column A, Line 3 above*	5,556
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	10,194
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 8,390

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*	$ 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).

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.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period from 07/01/2016 through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
09/12/2016	VY TRIEU 540 CLAUSER DR. MILPITAS 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	HOME MAKER	$250.	$250.	
09/12/2016	VIVEK JAYARAMAN 387 E. PARKWAY #15 BROOKLYN, NY 11216	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER CITY of NY	$250	$250	
09/18/16	LEEBO POMELE 30516 CARROLL AVE HAYWARD CA 94544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COUNSELOR CITY of SAN JOSE	$250	$250	
09/18/16	ALOFA POMELE 30516 CARROLL AVE HAYWARD CA 94544	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OFFICE ADMIN. PRIVATE MD PRACTICE	$250	$250	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 1,000

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1,000
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,556
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,556

*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 07/01/2016 through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
RICHARD TRAN 714 PARVIN DRIVE MILPITAS CA 95035 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MEDICAL SOCIAL WORKER SANTA CLARA COUNTY	$ 8,500	$ 3,000	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ Ø DATE DUE	Ø % RATE $	$ 11,500 01/01-09/24 DATE INCURRED	CALENDAR YEAR $ 11,500 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 $		$	$	$		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period ..... $ 3,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ ~~8,5~~ 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 $ 3,000
   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 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
RICH TRAN FOR MAYOR 2016

I.D. NUMBER
1386189

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
MILPITAS CHAMBER of COMMERCE	FND	BANQUET TICKETS X2	$100
FREELOGOSERVICES.COM	CMP	25 BANNERS	$673.88
FREELOGOSERVICES.COM	CMP	25 BANNERS	$673.88

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

SUBTOTAL $ 1,447.76

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9,199.50
2. Unitemized payments made this period of under $100 ..... $ 994.5
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 $ 10,194

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR ~~MILPITAS~~ MAYOR 2016

I.D. NUMBER: 1386189

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
FREELOGOSERVICES.COM	CMP	25 BANNERS	$673.88
STAPLES, MILPITAS	CMP	1,000 FLYERS 100 POSTERS	$623.01
ABC PRINTING, MILPITAS	CMP	10,000 FLYERS	$300.00
IAN CRUELDAD, PAT FALZER, KEDAR PENDYALA	SAL	DATA ANALYSIS	$360
MILPITAS POST NEWSPAPER, MILPITAS	PRT	NEWSPAPER ADVERTISEMENT	$2,616.30

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

SUBTOTAL $ 4,213.19

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2016 through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
ABC PRINTING, MILPITAS	CMP	FLYERS	$200
ABC PRINTING, MILPITAS	CMP	FLYERS	$255.91
BIG 5 SPORTING GOODS, MILPITAS	OFC	COOLER	$130.49
CITY OF MILPITAS	CMP	CANDIDATES STATEMENT	$1,900.
AP PRINTING, SANTA CLARA	CMP	10,000 FLYERS	$587.25

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

SUBTOTAL $ 3,073.55

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2016 through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
GYREX HERNANDEZ, MILPITAS	CMP	40 campaign shirts	$465

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

SUBTOTAL $ 465

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/2016 through 06/30/2016

Date of election if applicable: (Month, Day, Year) NOV. 8, 2016

Date Stamp: City Clerk's Office AUG 01 2016 RECEIVED

CALIFORNIA FORM 460

Page 1 of 8

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
- [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: 1386189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): RICH TRAN FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX): 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: RICHARD TRAN

MAILING ADDRESS: 714 PARVIN DRIVE

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

NAME OF ASSISTANT TREASURER, IF ANY: NONE

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 AUGUST 1, 2016 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on AUGUST 1, 2016 (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
RICHARD TRAN

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
714 PARVIN DRIVE, 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
NONE	
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
NONE	
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
NONE

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	
NONE		☐ 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 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 5,758	$ 5,758
2. Loans Received	Schedule B, Line 3	8,500	8,500
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 14,258	$ 14,258
4. Nonmonetary Contributions	Schedule C, Line 3	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 14,258	$ 14,258

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1,230.00	$ 1,230
7. Loans Made	Schedule H, Line 3	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1,230.00	$ 1,230
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	$ 1,230.00	$ 1,230

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ Ø
13. Cash Receipts	Column A, Line 3 above	14,258.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	Ø
15. Cash Payments	Column A, Line 8 above	1,230
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 13,028

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 — $ 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).

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.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 01/01/2016 through 06/30/2016

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
06/10/16	PHUONG DAO 2198 INMAN WAY, 95122	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$250	$250	
06/13/16	HANH NGUYEN 4166 GRAPELEAF WAY, 95135	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ADMIN PROFESSIONAL BOSTON SCIENTIFIC	$210	$210	
06/13/16	ROBERT CHAI 2418 VIA MARINA, 92660	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DIRECTOR MAXIM ENT.	$250	$250	
06/15/16	JAMES LO 176 FONTAINBLEU CT. 95035	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CONTROLLER SEAGATE TECH.	$168	$168	
06/21/16	KATRINA VO 280 CHARLES YOUNG DR. 90095	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	INFORM. TECH. UCLA	$250	$250	
			SUBTOTAL $	1,128		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3,003
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2,755
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5,758

*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 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
06/22/16	LINA NGUYEN 2198 INMAN WAY, 95122	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$250	$250	
06/23/16	SHAWN LEPISI 2312 E. 48th AVE, 99223	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER SECOND HARVEST FOOD BANK	$200	$200	
06/26/16	TONY DANG 579 GLASGOW CT. 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER BLOOM ENERGY	$250	$250	
06/26/16	TUONG NGUYEN 540 CLAUSER DRIVE 95035	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ENGINEER SIGMA DESIGNS	$250	$250	
06/30/16	AARON CERVANTEZ ~~9159 TINOS WAY~~ 3386 ROUTIER WAY, 95827	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ANALYST SUTTER HEALTH	$125	$125	

SUBTOTAL $ 1,075

*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 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

Page 6 of 8

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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)
06/30/16	JOSHUA BAROUSSE 4148 SNOWBANK CT. 95135	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LEGIS. AIDE CITY of SAN JOSE	$250	$250	
07/04/16	JOHN TROUNZ 751 S. BASCOM AVE, 95128	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SOCIAL WORKER SANTA CLARA CO.	$200	$200	
07/18/16	LUKE NGUYEN 211 WEST RINCON ST. 92880	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OIL ANALYST SINOPEC CORP.	$200	$200	
07/24/16	VAUGHN MAYERS 1611 LINCOLN PLACE, 11233	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LEGISLATIVE AIDE STATE OF NEW YORK	$150	$150	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 800

*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 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
RICHARD TRAN 714 PARVIN DRIVE MILPITAS 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MEDICAL SOCIAL WORKER SANTA CLARA COUNTY	$ Ø	$ 8,500	☐ PAID $ Ø ☐ FORGIVEN $ Ø	$ Ø DATE DUE	Ø % RATE $	$ Ø DATE INCURRED	CALENDAR YEAR $ 8,500 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 $ 8,500		$ Ø	$ Ø	$ Ø (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 8,500
   (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 $ 8,500
   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 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RICH TRAN FOR MAYOR 2016

I.D. NUMBER: 1386189

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
FREELOGOSERVICES.COM	CMP	BUSINESS CARDS, BANNERS	$121.00
STUFT PIZZA	FND	PIZZA	$225.00
IAN CRUELDAD	CNS	CAMPAIGN MANAGER/ CONSULTANT	$250.00

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

SUBTOTAL $ 646.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 646.00
2. Unitemized payments made this period of under $100 ..... $ 584.00
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 $ 1,230.00

COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2019 through 12/31/2019

Date of election if applicable: (Month, Day, Year) 11/06/18

Date Stamp: City Clerk's Office JAN 31 2020 RECEIVED

CALIFORNIA FORM 460

Page 1 of 4

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:

- [ ] 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 1400416

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
RE-ELECT MAYOR RICH TRAN

STREET ADDRESS (NO P.O. BOX)
714 PARVIN DR

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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
RICHARD TRAN

MAILING ADDRESS
385 ETHYL ST. #2

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: (408) 391-2882

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 01/31/2020 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 01/31/2020 (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**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

RICH TRAN

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

MAYOR OF MILPITAS

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

385 ETHYL ST. #2 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 07/01/2019 through 12/31/2019

CALIFORNIA FORM 460

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RE-ELECT MAYOR RICH TRAN 2018

I.D. NUMBER: 1400416

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*	Ø	6,075
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ Ø	$ 6,075
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ Ø	$ 6,075

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ Ø	$ 632.26
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ Ø	$ 632.26
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*	$ Ø	$ 632.26

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 409.38
13. Cash Receipts	*Column A, Line 3 above*	Ø
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	Ø
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 409.38

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*	$ 6,075

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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: RE-ELECT MAYOR RICH TRAN 2018

I.D. NUMBER: 1400416

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
RICH TRAN 385 ETHYL ST #2 MILPITAS CA 95035 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MAYOR of MILPITAS	$ 6,075	$ Ø	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ 6,075 DATE DUE ____	N/A % RATE $ ____	$ 25 12/7/17 DATE INCURRED	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ ____	$ ____	☐ PAID $ ____ ☐ FORGIVEN $ ____	$ ____ DATE DUE ____	____ % RATE $ ____	$ ____ DATE INCURRED ____	CALENDAR YEAR $ ____ PER ELECTION** $ ____
		SUBTOTALS $	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ Ø
   (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 $ Ø
   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.