

\*\* JNROUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED  
October 6, 2014 8:04:41 PM PDT

REMOTE CSID  
MaxEmail Trial Fax

DOCUMENT PAGES  
108 1

STATUS  
Received

To: City Clerk @ 408-386-3030 From: Trial User

Pg 1 / 1 10/06/14 10:02 pm

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>Committee to Support Grill and Lahani for City Council 2014</b>		Date of This Filing <b>10/6/14</b>	Date Stamp <b>OCT 07 2014</b>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>408-942-1110</b>	I.D. NUMBER (if applicable) <b>1372214</b>	Report No. <b>1</b>		
STREET ADDRESS <b>1487 Yosemite Dr.</b>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <b>Milpitas</b>	STATE <b>CA</b>	ZIP CODE <b>95035</b>	No. of Pages <b>1</b>	

City Clerk's Office  
RECEIVED

## 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
10/3/14	The Milpitas Project Owner, LP 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,600
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

FPPC Form 497 (March 2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/8/14	Date Stamp OCT 09 2014	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. 2		
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

City Clerk's Office  
RECEIVED

## 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
10/7/14	Lyon Management Group, Inc 4901 Birch St. Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: \_\_\_\_\_

\*\* I T ~UND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*  
 STATUS Received  
 PAGES 1  
 DURATION 57  
 REMOTE CSID  
 TIME RECEIVED October 8, 2014 7:13:23 PM PDT  
 Oct 08 14 07:12p

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED  
October 9, 2014 8:48:40 PM PDT

REMOTE CSID

DURATION  
46

PAGES  
1

STATUS  
Received

Oct 09 14:09:47P

p.1

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Support Grillo and Lalwani City Council 2014		Date of This Filing 10/8/14	Date Stamp OCT 10 2014	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	LD NUMBER (if applicable) 1372214	Report No. 3		
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (includes Correc)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

City Clerk's Office  
RECEIVED

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PRINTED, ALPHABETIC ORDER)	CONTRIBUTOR TYPE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER TYPE OF BUSINESS)	AMOUNT RECEIVED
10/7/14	John Pravite 2258 Hira Ct. Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate QIB Investments	\$2,500 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment \_\_\_\_\_

Contribution Codes  
IND - Individual  
COM - Nonprofit Committee (other than PTY or SCC)  
OTH - Other (e.g. Business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 497 (March 2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3773)

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Support Grilli and Lalwani City Council 2014		Date of This Filing 10/10/14	Date Stamp OCT 13 2014	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. 4		
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Milpitas	STATE CA	ZIP CODE 95035		

## 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
10/9/14	The Houret Project Owner, LLC 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> 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: \_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS  
Received

PAGES  
1

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46

REMOTE CSID

TIME RECEIVED  
October 10, 2014 6:11:29 PM PDT

Oct 10 14:06:10p

p.1

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Support Grilli and Lalwani City Council 2014		Date of This Filing 10/10/14	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. 5	OCT 13 2014	
STREET ADDRESS 1487 Yosemite Dr.		<input checked="" type="checkbox"/> Amendment to Report No. 3 (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
10/8/14	John Previte 2258 Rita Ct. Santa Clara, CA 95050	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CGB Investments	\$2,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS Received

PAGES 1

DATE 46

REMOTE CSID

TIME RECEIVED October 10, 2014 6:12:57 PM PDT

Oct 10 14:06:12p

p.1

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Lalwani and Grilli for City Council 2014		Date of This Filing 10/10/14	Date Stamp OCT 13 2014	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-941-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-2		
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/14	Mailing	\$6,277.54

Reason for Amendment: \_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

REMOTE CSID

TIME RECEIVED  
October 10, 2014 7:06:54 PM PDT

Oct 10 14:07:06p

STATUS  
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PAGES  
1

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46

p.1

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Lalwani and Grilli for City Council 2014		Date of This Filing 10/10/14	Date Stamp OCT 13 2014	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-941-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-1		
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 2	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Deepka Lalwani				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/14	Mailing	\$6,176.84

Reason for Amendment: \_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS Received

PAGES 2

LOCATION 66

REMOTE CSID

TIME RECEIVED October 10, 2014 7:04:24 PM PDT

Oct 10 14 07:03p

p.1

496 Independent Expenditure Report

**CALIFORNIA FORM 496**

I.D. NUMBER (if applicable)

1372214

NAME OF FILER

Committee to Support Lalwani and Grilli 2014

3. Contributions of \$100 or More 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	INTEREST RATES
10/3/14	The Milpitas Project Owner, LP 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000	If loan, enter interest rate, if any _____%
10/7/14	Lyon Managment Group, Inc 4901 Birch St. Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,000	If loan, enter interest rate, if any _____%
10/8/14	John Previte 2258 Rita Ct. Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CGB Investments	\$2,500	If loan, enter interest rate, if any _____%
10/9/14	The Houret Project Owner, LLC 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*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

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p.1

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/15/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-4	City Clerk's Office OCT 16 2014 RECEIVED	
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Deepka Lalwani				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/14	Mailer Cumulative to date \$12,070.84	\$5,894.00

Reason for Amendment: \_\_\_\_\_

OCLOBER 13, 2014 9:33:32 PM PDT

Oct 15 14 09:33p

**496 Independent Expenditure Report**

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/15/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-3	OCT 16 2014 <b>RECEIVED</b>	
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

**1. List Only One Candidate or Ballot Measure**

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

**2. Independent Expenditures Made** Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/14	Mailer Cumulative to date \$12,171.54	\$5,894.00

Reason for Amendment: \_\_\_\_\_

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p.1  
40  
OCT 15 2014 09:31p

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Committee to Support Grilli and Lalwani for City Council 2014		<b>Date of This Filing</b> 10/19/14	<b>Date Stamp</b> City Clerk's Office OCT 20 2014 RECEIVED	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 408-942-1110	<b>I.D. NUMBER (if applicable)</b> 1372214	<b>Report No.</b> IER-5		
<b>STREET ADDRESS</b> 1487 Yosemite Dr.		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> IER-1 (explain below)		
<b>CITY</b> Milpitas	<b>STATE</b> CA	<b>ZIP CODE</b> 95035		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Deepka Lalwani				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Milpitas City Council	<b>DISTRICT NO.</b> NA	<b>SUPPORT</b> <input checked="" type="checkbox"/>	<b>OPPOSE</b> <input type="checkbox"/>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/14	Mailing Cumulative Total: \$11,670.84	\$5,976.84

Reason for Amendment: Corrected Totals

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS Received  
 PAGES 2  
 DURATION 66  
 REMOTE CSID  
 TIME RECEIVED October 19, 2014 10:16:25 PM PDT

p.1  
 Oct 19 14 10:15p

496 Independent Expenditure Report

p.2

NAME OF FILER Committee to Support Grilli and Lalwani City Council 2014	I.D. NUMBER (if applicable) 1372214
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3. Contributions of \$100 or More 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	INTEREST RATES
10/3/14	The Milpitas Project Owner, LP 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	If loan, enter interest rate, if any _____ %
10/7/14	Lyon Managemen Group, Inc 4901 Birch St. Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,000.00	If loan, enter interest rate, if any _____ %
10/8/14	John Previte 2258 Rite Ct. Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CGB Investments	\$2,500.00	If loan, enter interest rate, if any _____ %
10/9/14	The Houret Project Owner, LLC 888 San Clemente Dr., Ste 100 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*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

Oct 19 14 10:15p

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Committee to Support Grilli and Lalwani City Council 2014		Date of This Filing 10/18/14	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. 6	City Clerk's Office OCT 20 2014 RECEIVED	
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> 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
10/17/14	Republic Services Inc. 18500 N. Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

REMOTE CSID

TIME RECEIVED  
 October 18, 2014 9:58:43 PM PDT

Oct 18 14 09:58p

DATE  
 46

PAGES  
 1

STATUS  
 Received

p.1

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/19/14	Date Stamp OCT 20 2014	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-842-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-6		
STREET ADDRESS 1487 Yosemite Dr.		<input checked="" type="checkbox"/> Amendment to Report No. IER-2 (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

City Clerk's Office  
OCT 20 2014  
RECEIVED

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/14	Mailing Cumulative Total: \$11,771.54	\$6,077.54

Reason for Amendment: Corrected Totals

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

TIME RECEIVED October 19, 2014 10:18:37 PM PDT  
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 PAGES 1  
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 p.1

Oct 19 14 10:17p

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/19/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-7	City Clerk's Office OCT 20 2014 RECEIVED	
STREET ADDRESS 1487 Yosemite Dr.		<input checked="" type="checkbox"/> Amendment to Report No. IER-3 (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/14	Mailing Cumulative Total: \$11,771.54	\$5,694.00

Reason for Amendment: Corrected Totals

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

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PAGES  
1

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46

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TIME RECEIVED  
October 19, 2014 10:20:27 PM PDT

Oct 19 14 10:19p

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# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/19/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-8	OCT 20 2014	
STREET ADDRESS 1487 Yosemite Dr.		<input checked="" type="checkbox"/> Amendment to Report No. IER-4 (explain below)	RECEIVED	
CITY Milpitas	STATE CA	ZIP CODE 95035		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Deepka Lalwani				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/14	Mailing Cumulative Total: \$11,670.84	\$5,694.00

Reason for Amendment: Corrected Totals

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS  
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54

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October 19, 2014 10:22:05 PM PDT

Oct 19 14 10:21p

p.1

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/21/14	Date Stamp OCT 21 2014	<b>CALIFORNIA FORM 496</b> For Official Use Only RECEIVED
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372213	Report No. IER-9		
STREET ADDRESS 1487 Yosemite Dr		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 2	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Deepka Lalwani				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/14	Mailing Cumulative Total: \$17,437.34	\$5,781.50

Reason for Amendment: \_\_\_\_\_

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# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA FORM 496**

NAME OF FILER

Committee to Support Grilli and Lalwani for City Council 2014

I.D. NUMBER (If applicable)

1372214

### 3. Contributions of \$100 or More 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	INTEREST RATES
10/17/14	Republic Services, Inc 18500 N. Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*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

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/21/14	Date Stamp OCT 21 2014	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372213	Report No. IER-10		
STREET ADDRESS 1487 Yosemite Dr		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Milpitas	STATE CA	ZIP CODE 95035	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/14	Mailing Cumulative Total: \$17,538.04	\$5,781.50

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

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PAGES  
1

DURATION  
46

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October 21, 2014 4:04:49 PM PDT

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City Clerk's Office  
OCT 21 2014  
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# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/25/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-12	OCT 27 2014	
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. (explain below)	RECEIVED	
CITY Milpitas	STATE CA	ZIP CODE 95035		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Deepka Lalwani				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/14	Mailer Cumulative Total: \$19,639.82	\$2,202.48

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS Received

PAGES 1

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TIME RECEIVED October 25, 2014 3:21:55 PM PDT

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Oct 25 14 03:21p

# 496 Independent Expenditure Report

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Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Committee to Support Grilli and Lalwani for City Council 2014		Date of This Filing 10/25/14	Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 408-942-1110	I.D. NUMBER (if applicable) 1372214	Report No. IER-11	OCT 27 2014	
STREET ADDRESS 1487 Yosemite Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	RECEIVED	
CITY Milpitas	STATE CA	ZIP CODE 95035		

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marsha Grilli				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Milpitas City Council	DISTRICT NO. NA	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/14	Mailer Cumulative Total: \$19,740.52	\$2,202.48

Reason for Amendment: \_\_\_\_\_

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

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TIME RECEIVED  
October 25, 2014 3:20:10 PM PDT

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