

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	Date of election if applicable: (Month, Day, Year) <u>not applicable</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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.

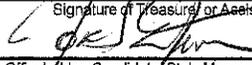
Executed on Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
n/a		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
n/a		

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2016</u>	CALIFORNIA FORM 460
through <u>JUN 30, 2016</u>	
Page <u>3</u> of _____	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

Contributions Received

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

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>250.00</u>	\$ <u>250.00</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>250.00</u>	\$ <u>250.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>250.00</u>	\$ <u>250.00</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>27,456.73</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1.34</u>
15. Cash Payments Column A, Line 8 above	<u>250.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>27,208.07</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

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

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

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

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

SCHEDULED

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>6</u>	I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVES FOR MAYOR 2014

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)
4/24/2016	Evelyn Chua for City Council 2016 929 Coventry Way Milpitas, CA 95035	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	n/a
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				250.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 250.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 250.00

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	JAN 1, 2016	
through	JUN 30, 2016	Page <u>5</u> of <u>6</u>
		I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

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
Evelyn Chua for City Council 2016 929 Coventry Way Milpitas, CA 95035	CTB	campaign contribution	250.00

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

SUBTOTAL \$ 250.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	250.00
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	250.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from JAN 1, 2016
through JUN 30, 2016

**CALIFORNIA
FORM 460**

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
various	Wells Fargo 1 S Milpitas Blvd Milpitas, CA 95035	interest on savings account	1.34

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1.34

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>1.34</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>0</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>1.34</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp JUL 14 2016	CALIFORNIA FORM 460
City Clerk's Office	Page <u>1</u> of <u>4</u>
RECEIVED	For Official Use Only

Statement covers period from <u>JUL 1, 2012</u> through <u>SEP 30, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 6, 2012</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>remove payments of \$60 and \$120 to City of Milpitas; these were paid by Jose Esteves; he was reimbursed in Nov 2012</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOSE S ESTEVES

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
825 CANADA 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 none	I.D. NUMBER n/a
NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS n/a	STREET ADDRESS (NO P.O. BOX)
CITY n/a	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME none	I.D. NUMBER n/a
NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS n/a	STREET ADDRESS (NO P.O. BOX)
CITY n/a	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
none

BALLOT NO. OR LETTER n/a	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
n/a

OFFICE SOUGHT OR HELD n/a	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 none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from JUL 1, 2012 through SEP 30, 2012	FORM	
Page <u>3</u> of <u>4</u>		

NAME OF FILER

ESTEVES FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$12,419.00	\$12,419.00
2. Loans received.....	<i>Schedule B, Line 3</i>	\$3,193.00	\$3,193.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$15,612.00	\$15,612.00
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$15,612.00	\$15,612.00

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$5,902.19	\$5,902.19
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$5,902.19	\$5,902.19
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$5,902.19	\$5,902.19

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$343.56
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$15,612.00
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$5,902.19
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$10,053.37

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$3,193.00

SCHEDULE E DATA
PAYMENTS MADE

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP			PAID
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Candidate Statement of Qualification	\$3,193.00
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT	Campaign - envelopes/tickets	\$661.11
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$256.80
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$227.92
Victoria Square	1927 E Calaveras Blvd	Milpitas	CA	95035		Campaign office rental	\$100.00
Jose Leuterio	323 So 23rd St	San Jose	CA	95116		Campaign T-shirt printing	\$250.00
SNA Newsletter	260 Boulder St	Milpitas	CA	95035		Advertisement (shared)	\$75.00
Copy World Printing	1375 University Ave	Berkeley	CA	94702		Postcards/fliers	\$538.33
							\$5,302.16

Misc expenses < \$100: kickoff food expenses, campaign meeting meals; supplies

\$600.03

\$5,902.19

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2012 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>3</u> For Official Use Only
--	--

Statement covers period from <u>OCT 1, 2012</u> through <u>OCT 20, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 6, 2012</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input checked="" type="checkbox"/> Amendment (Explain below)
<u>Update Summary Page to reflect new Beginning cash balance due to 30 Sep 2012 Sched E amendment</u> | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)
825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
estesvej@aol.com

Treasurer(s)

NAME OF TREASURER
ARSENIO R ILORETA

MAILING ADDRESS
782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY
none

MAILING ADDRESS
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

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 Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
(Signature of Treasurer or Assistant Treasurer)

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from OCT 1, 2012 through OCT 20, 2012	FORM	
Page <u>3</u> of <u>3</u>		

NAME OF FILER

ESTEVES FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$20,444.12	\$32,863.12
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$3,193.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$20,444.12	\$36,056.12
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$20,444.12	\$36,056.12

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$8,923.05	\$15,005.24
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$8,923.05	\$15,005.24
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$8,923.05	\$15,005.24

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$10,053.37
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$20,444.12
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$8,923.05
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$21,574.44

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$3,193.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 31, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 6, 2012</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i>
<input checked="" type="checkbox"/> Amendment (Explain below)
<u>Correct Sched E expense amount for payee Abaya</u>
<u>Update Summary Page to include new Beginning Balance</u> | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)
825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
estevesj@aol.com

Treasurer(s)

NAME OF TREASURER
ARSENIO R ILORETA

MAILING ADDRESS
782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY
none

MAILING ADDRESS
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

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.

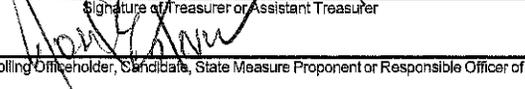
Executed on Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOSE S ESTEVES

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
825 CANADA 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 none	I.D. NUMBER n/a
NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
n/a

CITY STATE ZIP CODE AREA CODE/PHONE
n/a

COMMITTEE NAME none	I.D. NUMBER n/a
NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
n/a

CITY STATE ZIP CODE AREA CODE/PHONE
n/a

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
none

BALLOT NO. OR LETTER n/a	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT
n/a

OFFICE SOUGHT OR HELD n/a	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 none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from OCT 21, 2012 through DEC 31, 2012	CALIFORNIA FORM	460
Page <u>3</u> of <u>4</u>		

NAME OF FILER

ESTEVES FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$15,768.25	\$48,631.37
2. Loans received.....	<i>Schedule B, Line 3</i>	-\$3,193.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$12,575.25	\$48,631.37
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$12,575.25	\$48,631.37

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$14,118.07	\$29,123.31
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$14,118.07	\$29,123.31
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$14,118.07	\$29,123.31

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$21,574.44
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$12,575.25
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$14,118.07
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$20,031.62

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

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

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP				
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131		LIT	Printing - flyers/mailers	\$1,939.91
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Ad - Oct 26 issue	\$872.10
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Ad - Nov 2 issue	\$872.10
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - copying and printing	\$538.33
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - City facilities rental	\$180.00
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - event insurance (City of Milpitas)	\$131.15
Al Garcia	801 Oxen St	Paso Robles	CA	93446			campaign management/consultation; reimburse	\$5,000.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - food; misc expenses	\$1,234.41
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - telephone expenses	\$300.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - campaign T-shirts	\$250.00
Victoria Square Association	1927 E Calaveras Blvd	Milpitas	CA	95035			misc Campaign office expense (rent)	\$100.00
Ralph Abaya	5646 Hughes Pl	Fremont	CA	94538			graphic arts services	\$1,120.00
Nonato Esteves	406 N Park Victoria Dr	Milpitas	CA	95035			yard signs storage	\$500.00
Rajeev Madnawat	1431 Arizona Ave	Milpitas	CA	95035			telephone - robocall	\$400.00
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Thank You ad -	\$523.80

TOTAL (>\$100) \$13,961.80

Miscellaneous expenses (<\$100; food, supplies, utilities, etc) \$156.27

TOTAL EXPENSES \$14,118.07

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM	460
		Page <u>1</u> of <u>3</u>	For Official Use Only

Statement covers period	Date of election if applicable:
from <u>JAN 1, 2013</u>	(Month, Day, Year) <u>JUL 14 2016</u>
through <u>JUN 30, 2013</u>	<u>NOV 6, 2012</u>

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
- Update Summary Page to reflect new Beginning cash balance
due to changes in 31Dec2012 Sched E and Summary Page

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevsj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from JAN 1, 2013 through JUN 30, 2013	CALIFORNIA FORM	460
Page <u>3</u> of <u>3</u>		

NAME OF FILER

ESTEVES FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$0.00	\$0.00
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$0.00	\$0.00
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$0.00	\$0.00

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$0.00	\$0.00
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$0.00	\$0.00

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$20,031.62
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$0.00
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$1,462.62
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$0.00
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$21,494.24

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office JUL 14 2016 RECEIVED	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>JUL 1, 2013</u> through <u>DEC 31, 2013</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 4, 2014</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Update Summary Page to reflect new Beginning cash balance</u>
<u>due to a change in 30 Jun 2013 Summary Page</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estesvej@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

4. Verification

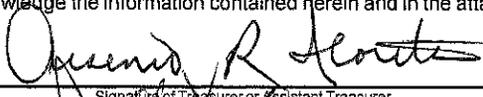
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from JUL 1, 2013 through DEC 31, 2013	FORM	
Page <u>3</u> of <u>3</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$10,982.00	\$10,982.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$10,982.00	\$10,982.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$10,982.00	\$10,982.00	
Expenditures made			Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$2,425.72	\$2,425.72	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$2,425.72	\$2,425.72	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$2,425.72	\$2,425.72	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$21,494.24		
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$10,982.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$2,425.72		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$30,050.52		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office	Page <u>1</u> of <u>3</u>
JUL 14 2016	For Official Use Only
RECEIVED	

Statement covers period from <u>JAN 1, 2014</u> through <u>JUN 30, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Update Summary Page to reflect new Beginning cash balance</u>
<u>due to a change in 31 Dec 2013 Summary Page</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estesvesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from JAN 1, 2014 through JUN 30, 2014	FORM	
Page <u>3</u> of <u>3</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$15,804.00	\$15,804.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$15,804.00	\$15,804.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$15,804.00	\$15,804.00	
Expenditures made			Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$3,406.16	\$3,406.16	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$3,406.16	\$3,406.16	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$3,406.16	\$3,406.16	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$30,050.52	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$15,804.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$3,406.16		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$42,448.36		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>JUL 1, 2014</u> through <u>SEP 30, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
--	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Update Summary Page to reflect new Beginning cash balance</u>
<u>Sched E: change Tatak ng Lahi c/o Susan Esteves to Jose Leuterio</u> | |

3. Committee Information

I.D. NUMBER
1323566

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)
825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
estevesj@aol.com

Treasurer(s)

NAME OF TREASURER
ARSENIO R ILORETA

MAILING ADDRESS
782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY
none

MAILING ADDRESS
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

4. Verification

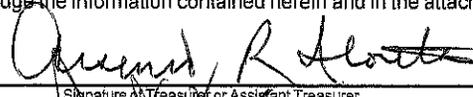
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from JUL 1, 2014 through SEP 30, 2014	FORM	
Page <u>3</u> of <u>4</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received		Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
		TOTAL THIS PERIOD	CALENDAR YEAR TOTAL TO DATE	
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$8,435.00	\$24,239.00	
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$8,435.00	\$24,239.00	
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$8,435.00	\$24,239.00	
Expenditures made				Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$8,383.99	\$11,790.15	
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$8,383.99	\$11,790.15	
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$8,383.99	\$11,790.15	
Current Cash Statement				
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$42,448.36	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$8,435.00		
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$8,383.99		
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$42,499.37		
17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

PAYEE	ADDRESS OF PAYEE					DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP	CODE or		
GD Commercial c/o Jose Esteves	1455 McCarthy Blvd	Milpitas	CA	95035		campaign office rent	\$300.00
Copy World, Inc. c/o Jose Esteves	1375 University Ave	Berkeley	CA	94702		Jul 27 event fliers	\$118.00
Tatak Ng Lahi Clothing c/o Susan Esteves	323 S 3rd, Unit 23C	San Jose	CA	95116		"Esteves for Mayor" T-shirts - initial deposit	\$250.00
Nelia Somera	231 Smithwood St	Milpitas	CA	95035		Food - 7/27/14 campaign event	\$340.00
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Candidate statement	\$1,900.00
COPS Voter Guide FPPC#599014	705-2 E Bidwell #370	Folsom	CA	95630		Voter Guide Slate	\$542.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - Food/Supplies/Misc - 7/27 campaign event	\$1,199.41
Postmaster	450 S Abel St	Milpitas	CA	95035		Bulk mail 898	\$1,220.00
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		advertisement	\$872.10
Jose Leuterio	323 S 3rd, Unit 23C	San Jose	CA	95116		"Esteves for Mayor" T-shirts	\$250.00
Cheap Door Hangers c/o Susan Esteves	9193 Winkler Dr. Suite G	Houston	TX	77017		door hangers	\$454.00
Copy World, Inc. c/o Susan Esteves	1375 University Ave	Berkeley	CA	94702		miscellaneous mailers/fliers	\$597.00
Copy World, Inc. c/o Jose Esteves	1375 University Ave	Berkeley	CA	94702		Oct 5 event fliers	\$118.18

TOTAL (>\$100) \$8,160.69

Miscellaneous expenses (<\$100; insurance, bank/online charges, etc) \$223.30

TOTAL EXPENSES \$8,383.99

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460
Page <u>1</u> of <u>4</u>	For Official Use Only

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

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Correct Sched E amount for payee First Insurance Funding Corp</u>
<u>Update Summary Page, including change to Beginning Balance</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevezj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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.

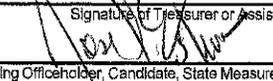
Executed on Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
n/a		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
n/a		

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from OCT 1, 2014 through OCT 18, 2014	FORM	
Page <u>3</u> of <u>4</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$9,607.00	\$33,846.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$9,607.00	\$33,846.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.... <i>Add Lines 3 + 4</i>	\$9,607.00	\$33,846.00	
Expenditures made			Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$14,216.56	\$26,006.71	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$14,216.56	\$26,006.71	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$14,216.56	\$26,006.71	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$42,499.37	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$9,607.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$14,216.56		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$37,889.81		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

PAYEE	ADDRESS OF PAYEE					DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP	CODE or		
4 J's Dollar Plus	1782 Milmont Dr	Milpitas	CA	95035		gifts/misc items - 10/5 campaign event	\$100.00
First Insurance Funding Corp	450 Skokie Blvd, Suite 1000	Northbrook	IL	60062		insurance - campaign office	\$102.16
Postmaster	450 S Abel St	Milpitas	CA	95035		Bulk mail 898	\$2,234.91
Garry Barbadillo for City Council 2014 FPPC 1366601	1840 Edsel Dr	Milpitas	CA	95035		political contribution	\$250.00
Rajeev Madnawat for City Council 2014 FPPC #1366861	1431 Arizona Ave	Milpitas	CA	95035		political contribution	\$250.00
Copy World, Inc. through Rajeev Madnawat	1375 University Ave	Berkeley	CA	94702		Bulk mail printing	\$2,500.00
Milpitas Post through Susan Esteves	59 Marylinn Dr	Milpitas	CA	95035		advertisement	\$4,413.15
Copy World, Inc. through Susan Esteves	1375 University Ave	Berkeley	CA	94702		Bulk mail printing	\$915.60
V&Victoria, LLC	1455 McCarthy Blvd	Milpitas	CA	95035		Office rent	\$300.00
Philippine Digest	175 Allen Ct	Milpitas	CA	95035		advertisement	\$200.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement: food, miscellaneous campaign office expenses	\$996.29
Jade China Restaurant through Susan Esteves	2524 Berryessa Rd	San Jose	CA	95132		food for 10/5 event	\$269.32
Kalesa through Susan Esteves	1783 N Milpitas Blvd	Milpitas	CA	95035		campaign meeting	\$206.63
Crazy Wireless through Susan Esteves	447 Great Mall Dr	Milpitas	CA	95036		wireless phone for phone banking	\$129.00
Carolina Manchester	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
C.Evan Knapp	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
Craig Manchester	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
John Stanek	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
Lance Waite	2235 Encinitas Blvd #216	Encinitas	CA	92024	RFD	returned contribution	\$250.00

TOTAL (>\$100) **\$14,117.06**

**Miscellaneous expenses (<\$100;
insurance, bank/online charges, etc)** **\$99.50**

TOTAL EXPENSES **\$14,216.56**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>4</u> For Official Use Only
--	--

Statement covers period from <u>OCT 19, 2014</u> through <u>DEC 31, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Sched E: add payee ANCOP (Answering Cry of the Poor) Foundation
Update Summary Page, including change to Beginning Balance

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estesvej@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Jul 11, 2016
Date

Executed on Jul 11, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	
COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
n/a		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
n/a		

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from OCT 19, 2014 through DEC 31, 2014	CALIFORNIA FORM	460
	Page <u>3</u> of <u>4</u>	

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$6,900.00	\$40,746.00	
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$6,900.00	\$40,746.00	
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$6,900.00	\$40,746.00	
Expenditures made				Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$14,358.36	\$40,512.91	
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$14,358.36	\$40,512.91	
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$14,358.36	\$40,512.91	
Current Cash Statement				
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$37,889.81	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$6,900.00		
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$14,358.36		
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$30,431.45		
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP	PAID			
US Postmaster	450 S Abel St	Milpitas	CA	95035	POS	stamps	\$500.00	
iContact c/o Jose Esteves	2450 Perimeter Park Dr, Suite 105	Morrisville	NC	27560		Mass email services	\$376.00	
US Postmaster	450 S Abel St	Milpitas	CA	95035	POS	stamps	\$1,100.00	
Prima Mail	180 Lewis Rd, Ste 19	San Jose	CA	95111		mailing services	\$200.00	
Milpitas Post c/o Susan Esteves	59 Marylinn Dr	Milpitas	CA	95035		Advertisements	\$1,222.10	
Garry Barbadillo	1578 Ctr Pointe Dr	Milpitas	CA	95035		Reimbursement: Social media presence/ad thru Facebook	\$230.00	
ANswering the Cry Of the Poor (ANCOP) Foundation	25218 Loytan St	Torrance	CA	90505		charitable contribution	\$1,000.00	
Philippine Digest	175 Allen Ct	Milpitas	CA	95035		Advertisement	\$150.00	
Nonato Esteves c/o Jose Esteves	406 N Park Victoria Dr	Milpitas	CA	95035		Reimbursement: campaign material storage facility	\$800.00	
Al Garcia	801 Oxen St	Paso Robles	CA	93446		Campaign consultant	\$5,000.00	
PG&E c/o Jose Esteves	77 Beale St	San Francisco	CA	94105		Campaign headquarters utility payments	\$916.35	
John Ma	2415 Glen Fox Ct	San Jose	CA	95148		Services: social media	\$500.00	
Nick Ayugao	406 N Park Victoria Dr	Milpitas	CA	95035		Campaign headquarters services	\$350.00	
Ralph Abaya	5646 Hughes Place	Fremont	CA	94538		Campaign artwork consultant	\$500.00	
Grow Elect	1022 G ST, Ste B	Sacramento	CA	95814	RFD	refund campaign contribution (>\$250)	\$250.00	
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		Reimbursement: food (11/4 event), etc.	\$1,026.00	

TOTAL (>\$100) \$14,120.45

**Miscellaneous expenses (<\$100;
campaign committee fee, food, etc) \$237.91**

TOTAL EXPENSES \$14,358.36

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 14 2016 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>3</u> For Official Use Only
--	--

Statement covers period from <u>JAN 1, 2015</u> through <u>JUN 30, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>not applicable</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Update Summary Page to reflect new Beginning Balance</u>
<u>due to a change in 31Dec2014 Summary Page</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)
825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
estevesj@aol.com

Treasurer(s)

NAME OF TREASURER
ARSENIO R ILORETA

MAILING ADDRESS
782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY
none

MAILING ADDRESS
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

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 Jul 30, 2015 Jul 2016
Date
Executed on Jul 30, 2015
Date
Executed on _____
Date
Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	JAN 1, 2015	
through		Page <u>3</u> of <u>3</u>
		I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ESTEVEZ FOR MAYOR 2014

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	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0	0
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	0

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 282.00	\$ 282.00
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	282.00	282.00
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	282.00	282.00

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 30,431.45
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	160.06
15. Cash Payments Column A, Line 8 above	282.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 30,309.51

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

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
---	------

Cash Equivalents and Outstanding Debts

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office JUL 14 2016 RECEIVED	Page <u>1</u> of <u>3</u>
	For Official Use Only

Statement covers period
from JUL 1, 2015
through DEC 31, 2015

Date of election if applicable:
(Month, Day, Year)
not applicable

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
Update Summary Page to reflect new Beginning cash balance
due to change in 30Jun2015 Summary Page
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevsj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Feb 03, 2016 Jul 2016
Date
Executed on Feb 03, 2016
Date
Executed on _____
Date
Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JUL 1, 2015</u>	CALIFORNIA FORM 460
through <u>DEC 31, 2015</u>	
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

Contributions Received

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

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>30,309.51</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>1.22</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>2,854.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>27,456.73</u>

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

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

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

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

Cash Equivalents and Outstanding Debts

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office FEB - 1 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>JUL 1, 2015</u> through <u>DEC 31, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>not applicable</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.263.1153

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

estevezj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Feb 01, 2016
Date

Executed on Feb 01, 2016
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOSE S ESTEVES

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
825 CANADA 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 none	I.D. NUMBER n/a
------------------------	--------------------

NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
n/a

CITY STATE ZIP CODE AREA CODE/PHONE
n/a

COMMITTEE NAME none	I.D. NUMBER n/a
------------------------	--------------------

NAME OF TREASURER n/a	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
n/a

CITY STATE ZIP CODE AREA CODE/PHONE
n/a

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
none

BALLOT NO. OR LETTER n/a	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
n/a

OFFICE SOUGHT OR HELD n/a	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 none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	------------------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	------------------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	------------------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE none	OFFICE SOUGHT OR HELD n/a	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	------------------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JUL 1, 2015</u> through <u>DEC 31, 2015</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

Contributions Received

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

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

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

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>2848.00</u>	\$ <u>3130.00</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2848.00</u>	\$ <u>3130.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2848.00</u>	\$ <u>3130.00</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>31,601.67</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>-4.78</u>
15. Cash Payments Column A, Line 8 above	<u>3,130.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>28,466.89</u>

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

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

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2015	
through	DEC 31, 2015	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
ESTEVEVES FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

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
Truong Xuan Man 347 Falcato Dr Milpitas CA 95035		event pictures for campaign use	100.00
Friends of Children with Special Needs 2300 Peralta Blvd. Fremont, CA 94536		charitable/civic donation	348.00
Sierra Club 3921 E Bayshore Rd, Ste 204 Palo Alto, CA 94303		charitable/civic donation	100.00

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

SUBTOTAL \$ 548.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,798.00
2. Unitemized payments made this period of under \$100	\$	50.00
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 \$	2,848.00

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2015	
through	DEC 31, 2015	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
ESTEVEES FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEES FOR MAYOR 2014

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
SCC League of Conservation Voters PO Box 2079 San Jose CA 95109			charitable/civic donation	250.00
Rubi Esteves 406 N Park Victoria Dr Milpitas CA 95035			storage space rent; campaign gifts/giveaways reimbursement	2,000.00

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

SUBTOTAL \$ 2,250.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office FEB - 3 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>JUL 1, 2015</u> through <u>DEC 31, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>not applicable</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
| <u>1. Correct Summary Page and Schedule E</u> | |
| <u>2. Provide missing Schedule I</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevezj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Feb 03, 2016
Date

Executed on Feb 03, 2016
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>6</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2015	
through		Page <u>3</u> of <u>6</u>
		I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

Contributions Received

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

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>2,854.00</u>	\$ <u>3,136.00</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>31,601.67</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>1.22</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>2,854.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>28,748.89</u>

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

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

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2015	
through	DEC 31, 2015	Page <u>4</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
ESTEVEZ FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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
Truong Xuan Man 347 Falcato Dr Milpitas CA 95035		event pictures for campaign use	100.00
Friends of Children with Special Needs 2300 Peralta Blvd. Fremont, CA 94536		charitable/civic donation	348.00
Sierra Club 3921 E Bayshore Rd, Ste 204 Palo Alto, CA 94303		charitable/civic donation	100.00

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

SUBTOTAL \$ 548.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,798.00
2. Unitemized payments made this period of under \$100	\$ 56.00
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 \$ 2,854.00

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2015	
through	DEC 31, 2015	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEES FOR MAYOR 2014

I.D. NUMBER

1323566

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
SCC League of Conservation Voters PO Box 2079 San Jose CA 95109			charitable/civic donation	250.00
Rubi Esteves 406 N Park Victoria Dr Milpitas CA 95035			storage space rent; campaign gifts/giveaways reimbursement	2,000.00

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

SUBTOTAL \$ 2,250.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>JUL 1, 2015</u> through <u>DEC 31, 2015</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
various	Wells Fargo 1 S Milpitas Blvd Milpitas, CA 95035	interest on savings account	1.22

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1.22

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>1.22</u>
2. Unitemized increases to cash of under \$100 this period.	\$ <u>0</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>1.22</u>

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 31 2015 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>JAN 1, 2015</u> through <u>JUN 30, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>not applicable</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)
825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
estevsj@aol.com

Treasurer(s)

NAME OF TREASURER
ARSENIO R ILORETA

MAILING ADDRESS
782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY
none

MAILING ADDRESS
n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS
n/a

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 Jul 30, 2015
Date

Executed on Jul 30, 2015
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA		460
FORM		
Page <u>2</u>	of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER		
none	n/a		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2015</u> through <u>JUN 30, 2015</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>5</u>
NAME OF FILER <u>ESTEVES FOR MAYOR 2014</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVES FOR MAYOR 2014

Contributions Received

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

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>282.00</u>	\$ <u>282.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>282.00</u>	\$ <u>282.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>282.00</u>	\$ <u>282.00</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>31,723.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>160.06</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>282.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>31,601.67</u>

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

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

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

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

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	JAN 1, 2015	
through	JUN 30, 2015	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
ESTEVEES FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEES FOR MAYOR 2014

I.D. NUMBER

1323566

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
iContact c/o Jose Esteves 2450 Perimeter Park Dr, Ste 105 Morrisville NC 27560			mass email services	282.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	282.00
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	282.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from JAN 1, 2015
through JUN 30, 2015

**CALIFORNIA
FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
1323566

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Jan 16, 2015	City of Milpitas 455 E Calaveras Blvd Milpitas CA 95035	Refund of Ballot Statement of Qualification fee	179.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 179.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ 179.00
2. Unitemized increases to cash of under \$100 this period.	\$ (18.94)
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 160.06

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office FEB - 2 2015 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>8</u> For Official Use Only

Statement covers period from <u>OCT 19, 2014</u> through <u>DEC 31, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevezj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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 Feb 2, 2015
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on Feb 2, 2015
Date

By 
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from OCT 19, 2014 through DEC 31, 2014	CALIFORNIA FORM	460
	Page <u>3</u> of <u>8</u>	

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$6,900.00	\$40,746.00	- NOT APPLICABLE
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$6,900.00	\$40,746.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.... <i>Add Lines 3 + 4</i>	\$6,900.00	\$40,746.00	
Expenditures made			Expenditure Limit Summary for State Candidates
6. Payments Made..... <i>Schedule E, Line 4</i>	\$13,358.36	\$39,512.91	- NOT APPLICABLE
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$13,358.36	\$39,512.91	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$13,358.36	\$39,512.91	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$38,181.97	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$6,900.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$13,358.36		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$31,723.61		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>OCT 19, 2014</u> through <u>DEC 31, 2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>
I.D. NUMBER 1323566	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

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)
	*****PLEASE SEE ATTACHED SHEETS*****	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 6,200.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 700.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6,900.00

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

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Con tri buter	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
Received	FirstName	LastName	Street	City	State	ZIP	Code					
10/24/2014	Asiya Hasan	Asif	812 Canada Dr	Milpitas	CA	95035	IND	Financial Analyst	Plantronics	\$100.00	\$100.00	\$100.00
10/27/2014	Sheena	Chang	860 Yakima Dr	Fremont	CA	94539	IND	Owner	Vantec	\$200.00	\$200.00	\$200.00
10/20/2014	Evelyn	Chua	929 Coventry Way	Milpitas	CA	95035	IND	Operations Analyst	Silicon Valley Bank	\$250.00	\$250.00	\$250.00
10/21/2014	Marie	Cox	6698 Hampton Dr	San Jose	CA	95120	IND	Retired		\$250.00	\$250.00	\$250.00
10/20/2014	Robert	Cracolice	45820 Vinehill Ter	Fremont	CA	94539	IND	Insurance agent	Wells Fargo Insurance	\$250.00	\$250.00	\$250.00
10/20/2014	Danny	Duong	847 London Dr	Milpitas	CA	95035	IND	Chief Operating Officer	Duong Recycle	\$250.00	\$250.00	\$250.00
10/20/2014	Wendy	Duong	847 London Dr	Milpitas	CA	95035	IND	President	Duong Recycle	\$250.00	\$250.00	\$250.00
10/29/2014	Modesta	Fernandez	1868 Norseman Dr	San Jose	CA	95133	IND	Retired		\$100.00	\$100.00	\$100.00
10/21/2014	David W.	Fisher	2000 Brovelli	Acampo	CA	95220	IND	Property Mgmt	RPM Company	\$250.00	\$250.00	\$250.00
10/21/2014	Donnie	Garibaldi	1311 Rivergate	Lodi	CA	95240	IND	President	RPM Company	\$250.00	\$250.00	\$250.00
10/20/2014	Jaswant	Hothi	2548 Glen Dundee Way	San Jose	CA	95148	IND	Owner	Union City Transport Inc.	\$250.00	\$250.00	\$250.00
10/19/2014	Manjit	Kaur	311 Falcato Dr	Milpitas	CA	95035	IND	VP	Singh Semiconductor Company	\$250.00	\$250.00	\$250.00
11/2/2014	Elisa	Macaraeg	2440 Britt Way	San Jose	CA	95148	IND	Retired		\$50.00	\$100.00	\$150.00
10/25/2014	Riad	Nada	460 Capella Way	Milpitas	CA	95035	IND	Software engineer	Skyera	\$100.00	\$100.00	\$100.00
10/21/2014	Robert	Pfeil	1420 S Mills Ave Ste M	Lodi	CA	95242	IND	VP, Property Acq	RPM Company	\$250.00	\$250.00	\$250.00
10/19/2014	Evelyn	Ramirez	1096 Creed St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
10/19/2014	Elisa	Reyes	48446 Spokane Pl	Fremont	CA	94539	IND	Retired		\$100.00	\$100.00	\$250.00
10/27/2014	Donald	Shu	2791 Sea Horse Ct	Hayward	CA	94545	IND	Retired		\$250.00	\$250.00	\$250.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name FirstName LastName	Address and Zip Code Street City State ZIP					Con tributor Code	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
10/19/2014	Pritpal Singh	1618 Calera Creek Heights Dr	Milpitas	CA	95035	IND	President	Singh Semiconductor Company	\$250.00	\$250.00	\$250.00	
10/21/2014	Daniel H. Smith	4208 Chaboya Rd	San Jose	CA	95148	IND	Manufacturer	Stucco Supply Company	\$250.00	\$250.00	\$250.00	
10/27/2014	Shawn Tran	18430 Alcala Ct	Morgan Hill	CA	95037	IND	Retired		\$250.00	\$250.00	\$250.00	
10/27/2014	Annthu Truong	1830 Junewood Ave	San Jose	CA	95132	IND	Realtor	Tuscany Real Estate	\$250.00	\$250.00	\$250.00	
10/25/2014	Evelyn Valdoz	3251 Knightwood V	San Jose	CA	95148	IND	Retired		\$100.00	\$100.00	\$100.00	
10/27/2014	Simone Wang	9489 Belle Meade Dr	San Ramon	CA	94583	IND	Realtor	GD Commercial Real Estate	\$100.00	\$100.00	\$100.00	
10/21/2014	David Wilson	3645 Divisadero St	San Francisco	CA	94123	IND	Consultant	Self-employed	\$250.00	\$250.00	\$250.00	
10/27/2014	Kathleen Yuan	1451 McCarthy Blvd	Milpitas	CA	95035	IND	Accountant	Tuscany Real Estate	\$250.00	\$250.00	\$250.00	
10/20/2014	Grow Elect	1022 G St, Ste B	Sacramento	CA	95814	OTH			\$250.00	\$250.00	\$250.00	
10/20/2014	Pham Radio Comm LLC	1738 44th Ave	San Francisco	CA	94122	OTH			\$250.00	\$250.00	\$250.00	
10/20/2014	Republic Services	1601 Dixon Landing Rd	Milpitas	CA	95035	OTH			\$250.00	\$250.00	\$250.00	
10/21/2014	Wilson Management	14428 Big Basin Way #A	Saratoga	CA	95070	OTH			\$250.00	\$250.00	\$250.00	

1	Amount received this period - itemized monetary contributions	\$6,200.00
2	Amount received this period - unitemized monetary contributions of less than \$100	\$700.00
3	Total monetary contributions received this period	\$6,900.00

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	OCT 19, 2014	
through	DEC 31, 2014	Page <u>7</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
ESTEVEZ FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

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
***** PLEASE SEE ATTACHED SHEETS *****				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>13,120.45</u>
2. Unitemized payments made this period of under \$100	\$	<u>237.91</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>13,358.36</u>

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP	PAYED			
US Postmaster	450 S Abel St	Milpitas	CA	95035	POS	stamps	\$500.00	
iContact c/o Jose Esteves	2450 Perimeter Park Dr, Suite 105	Morrisville	NC	27560		Mass email services	\$376.00	
US Postmaster	450 S Abel St	Milpitas	CA	95035	POS	stamps	\$1,100.00	
Prima Mail	180 Lewis Rd, Ste 19	San Jose	CA	95111		mailing services	\$200.00	
Milpitas Post c/o Susan Esteves	59 Marylinn Dr	Milpitas	CA	95035		Advertisements	\$1,222.10	
Garry Barbadillo	1578 Ctr Pointe Dr	Milpitas	CA	95035		Reimbursement: Social media presence/ad thru Facebook	\$230.00	
Philippine Digest	175 Allen Ct	Milpitas	CA	95035		Advertisement	\$150.00	
Nonato Esteves	406 N Park Victoria Dr	Milpitas	CA	95035		Reimbursement: campaign material storage facility	\$800.00	
Al Garcia	801 Oxen St	Paso Robles	CA	93446		Campaign consultant	\$5,000.00	
PG&E c/o Jose Esteves	77 Beale St	San Francisco	CA	94105		Campaign headquarters utility payments	\$916.35	
John Ma	2415 Glen Fox Ct	San Jose	CA	95148		Services: social media	\$500.00	
Nick Ayugao	406 N Park Victoria Dr	Milpitas	CA	95035		Campaign headquarters services	\$350.00	
Ralph Abaya	5646 Hughes Place	Fremont	CA	94538		Campaign artwork consultant	\$500.00	
Grow Elect	1022 G ST, Ste B	Sacramento	CA	95814	RFD	refund campaign contribution (>\$250)	\$250.00	
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		Reimbursement: food (11/4 event), etc.	\$1,026.00	

TOTAL (>\$100) \$13,120.45

**Miscellaneous expenses (<\$100;
campaign committee fee, food, etc)** \$237.91

TOTAL EXPENSES \$13,358.36

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp City Clerk's Office OCT 23 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>11</u> For Official Use Only

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

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.263.1153

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

4. Verification

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

Executed on OCT 23, 2014
Date

Executed on OCT 23, 2014
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

COMMITTEE NAME	I.D. NUMBER
none	n/a

NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from OCT 1, 2014 through OCT 18, 2014	CALIFORNIA FORM	460
	Page <u>3</u> of <u>11</u>	

NAME OF FILER
ESTEVES FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$9,607.00	\$33,846.00	- NOT APPLICABLE
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$9,607.00	\$33,846.00	
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$9,607.00	\$33,846.00	
Expenditures made				Expenditure Limit Summary for State Candidates
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$14,364.40	\$26,154.55	- NOT APPLICABLE
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$14,364.40	\$26,154.55	
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$14,364.40	\$26,154.55	
Current Cash Statement				
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$42,939.37	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$9,607.00		
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$14,364.40		
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$38,181.97		
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT 1, 2014</u>	CALIFORNIA FORM 460
through <u>OCT 18, 2014</u>	
Page <u>4</u> of <u>11</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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)
	PLEASE SEE ATTACHED SHEETS	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 7,971.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>7,971.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>1,636.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>9,607.00</u>

*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 DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contributor	Occupation	Employer	Amount Rec'd	Cum-to-date	Per Election
Received	FirstName	LastName	Street	City	State	ZIP	Code			Period	- Dec 31	(if reqd)
10/5/2014	Jan	Abad	875 Russell Ln	Milpitas	CA	95035	IND	CRCST	Stanford Hospital	\$100.00	\$100.00	\$100.00
10/13/2014	Agnes	Abella	303 Titleist Ct	San Jose	CA	95127	IND	Retired		\$100.00	\$100.00	\$100.00
10/13/2014	Ricky	Ablaza	603 Carlsbad St	Milpitas	CA	95035	IND	Broker	First Pacific Real Estate	\$250.00	\$250.00	\$250.00
10/5/2014	Dana	Arbaugh	2192 Glenview Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
10/5/2014	George	Baltazar	2186 Devon Pl	Milpitas	CA	95035	IND	Engineer	Elcon Precision	\$100.00	\$100.00	\$100.00
10/5/2014	Daisy	Biala	250 Tramway Dr	Milpitas	CA	95035	IND	Homemaker		\$100.00	\$100.00	\$100.00
10/5/2014	Fe	Biala	141 W Calaveras Blvd	Milpitas	CA	95035	IND	Dentist	Fe Biala DMD, Inc.	\$200.00	\$200.00	\$200.00
10/5/2014	illuminada	Cacao	386 Martil Way	Milpitas	CA	95035	IND	Realtor	B-N-G Realty	\$100.00	\$100.00	\$150.00
10/13/2014	Melba	Cawit	38750 Paseo Padre Pkwy Ste A2	Fremont	CA	94536	IND	Attorney	Espartero-Cawit Law Office	\$100.00	\$100.00	\$100.00
10/5/2014	Satnam	Chahal	136 Beacon Dr	Milpitas	CA	95035	IND	Chief Editor	Punjab Outlook	\$21.00	\$121.00	\$121.00
10/13/2014	Jaskiran	Chahal	255 Balboa Dr	Milpitas	CA	95035	IND	Director	Kiran Childcare	\$250.00	\$250.00	\$250.00
10/5/2014	Reuben	Chen	616 Fawn Ridge Ct	San Ramon	CA	94582	IND	Health Strategist	Wellspring Consulting	\$100.00	\$100.00	\$100.00
10/5/2014	Yu-Lan	Chou	97 Images Cir	Milpitas	CA	95035	IND	Librarian	City of Santa Clara	\$250.00	\$250.00	\$250.00
10/5/2014	Cristina	Delos Santos	109 Gadsden Dr	Milpitas	CA	95035	IND	HR specialist	Callidus Cloud	\$50.00	\$100.00	\$150.00
10/5/2014	Lourdes	Estrada	2729 Glen Amador Ct	San Jose	CA	95148	IND	Retired		\$100.00	\$100.00	\$100.00
10/5/2014	Rowena	Foronda	1795 Arizona Ave	Milpitas	CA	95035	IND	Property Custodian	Palo Alto School District	\$100.00	\$100.00	\$100.00
10/13/2014	Julieta	Gabiola	223 Olympian Way	Pacifica	CA	94044	IND	Physician	Stanford Hospital	\$100.00	\$100.00	\$100.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

							Con			Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full Name		Address and Zip Code				butor			This	CY Jan	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
10/5/2014	Marcelo	Garvida	58 Amberwood Cir	So San Francisco	CA	94080	IND	Floor Manager	Crowne Plaza	\$100.00	\$100.00	\$100.00
10/5/2014	Terry	Gregory	206 Devonshire Ct	Pleasant Hill	CA	94523	IND	Retired		\$100.00	\$100.00	\$100.00
10/5/2014	Manjula	Gupta	1655 Calera Creek Heights Dr	Milpitas	CA	95035	IND	Homemaker		\$100.00	\$100.00	\$100.00
10/5/2014	Wiley	Hwang	441 Martil Way	Milpitas	CA	95035	IND	Director	Chao Chow Community Center of SJ	\$150.00	\$150.00	\$150.00
10/5/2014	Juanita	Juni	2964 Mary Caroline Ct	San Jose	CA	95133	IND	Retired		\$100.00	\$199.00	\$199.00
10/5/2014	Julius	Lao	2557 Trimble Rd	San Jose	CA	95132	IND	Unemployed		\$200.00	\$200.00	\$200.00
10/5/2014	Van	Le	653 Albanese Cir	San Jose	CA	95111	IND	Insurance agent	State Farm	\$100.00	\$100.00	\$100.00
10/5/2014	Wan-Hsia	Lee	44050 Linda Vista Rd	Fremont	CA	94539	IND	Owner	Minton USA	\$100.00	\$100.00	\$100.00
10/5/2014	Arline	Macaraeg	4733 Mountaire Ct	San Jose	CA	95138	IND	Dentist	Macaraeg Dental	\$100.00	\$100.00	\$100.00
10/11/2014	Kamlesh	Mehta	1475 Revelstoke Way	Sunnyvale	CA	94087	IND	Engineering Management	City of Palo Alto	\$100.00	\$100.00	\$100.00
10/5/2014	Herminia	Meneses	2984 Bradbury Dr	San Jose	CA	95122	IND	Retired		\$100.00	\$100.00	\$100.00
10/13/2014	Erna	Miranda	4062 Polonius Cir	Fremont	CA	94555	IND	Retired		\$100.00	\$100.00	\$100.00
10/13/2014	Syed	Mohsin	644 N Hillview Dr	Milpitas	CA	95035	IND	Mech engr	SNUPI Technologies	\$100.00	\$100.00	\$100.00
10/5/2014	Linden	Montemayor	2693 Driftwood St	Hayward	CA	94545	IND	Retired		\$100.00	\$100.00	\$100.00
10/13/2014	Charles	Munger	1423 Hamilton Ave	Palo Alto	CA	94301	IND	Physicist	Self-employed	\$250.00	\$250.00	\$250.00
10/5/2014	Heidi	Pham	1278 Traughber St	Milpitas	CA	95035	IND	Probation Corr Worker	County of Santa Clara	\$100.00	\$100.00	\$100.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

							Con			Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full Name		Address and Zip Code				butor			This	CY Jan	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
10/5/2014	Althea	Polanski	2083 Mesa Verde Dr	Milpitas	CA	95035	IND	Vice Mayor	City of Milpitas	\$100.00	\$100.00	\$200.00
10/5/2014	Anh	Que On	51 Rockway Dr	San Jose	CA	95127	IND	Retired		\$50.00	\$150.00	\$150.00
10/5/2014	Erlinda	Quitevis	245 N Hillview Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$200.00	\$200.00
10/13/2014	Teresita	Rabago	1739 Cape Coral Dr	San Jose	CA	95133	IND	Retired		\$100.00	\$100.00	\$100.00
10/5/2014	Andrino	Ramones	1592 Frost Dr	San Jose	CA	95131	IND	Retired		\$100.00	\$100.00	\$100.00
10/13/2014	Darien	Reinman	98 Castillo Lane	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00	\$250.00
10/5/2014	Cecilia	Rosario	1784 Locksley Park Dr	San Jose	CA	95132	IND	Executive Assistant	Cisco Systems	\$100.00	\$100.00	\$100.00
10/13/2014	Sukhi	Singh	255 Balboa Dr	Milpitas	CA	95035	IND	Computer Engr	JDS Unified	\$250.00	\$250.00	\$250.00
10/5/2014	Vicente	Songcayawon	3245 Simberlan Dr	San Jose	CA	95148	IND	President	Amerisongs Corp	\$250.00	\$250.00	\$250.00
10/13/2014	Puri	Soriben	16 Pisa Ct	South San Francisco	CA	94080	IND	Retired		\$200.00	\$200.00	\$200.00
10/5/2014	Marcelo	Tagle	4032 Sunset Terrace	Fremont	CA	94536	IND	Co-owner	Kalesa	\$250.00	\$250.00	\$250.00
10/5/2014	Rochelle	Tagle	4032 Sunset Terrace	Fremont	CA	94536	IND	Co-owner	Kalesa	\$250.00	\$250.00	\$250.00
10/5/2014	Elvie	Teodoro	1842 Shady Grove Pl	San Jose	CA	95138	IND	Director	Evergreen Studio of Music	\$100.00	\$100.00	\$200.00
10/5/2014	Julieta	Usal	3447 St Mt Helena Dr	San Jose	CA	95127	IND	Retired		\$100.00	\$170.00	\$170.00
10/13/2014	Arsenia	Valdez	387 Inverness Dr	Pacifica	CA	94044	IND	Retired		\$200.00	\$200.00	\$200.00
10/13/2014	Ricardo	Velasco	1282 Nieves Ct	Milpitas	CA	95035	IND	Sr Claims Examiner	United Administrative Services	\$50.00	\$150.00	\$200.00
10/5/2014	Ying	Wang	1705 Pebble Beach Ct	Milpitas	CA	95035	IND	President	Univ of East-West Medicine	\$200.00	\$200.00	\$200.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Con tri butor	Occupation	Employer	Amount Rec'd This	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
10/5/2014	Benson	Yeung	4701 Patrick Henry Dr	Santa Clara	CA	95054	IND	Founder	Triware Networkworld Systems	\$250.00	\$250.00	\$250.00
10/13/2014	California Apartment Assn PAC ID 745208		1530 The Alameda Ste 100	San Jose	CA	95126	COM			\$250.00	\$250.00	\$250.00
10/5/2014	HNTB Holdings Ltd PAC ID 1298176		715 Kirk Dr	Kansas City	MO	64015	COM			\$250.00	\$250.00	\$250.00
10/13/2014	Maligaya Corporation		55 Hernandez Ave	Los Gatos	CA	95030	OTH			\$100.00	\$100.00	\$100.00
10/13/2014	PG&E		111 Almaden Blvd	San Jose	CA	95113	OTH			\$200.00	\$200.00	\$200.00
10/13/2014	Robson Homes LLC		2185 The Alameda Ste 150	San Jose	CA	95126	OTH			\$250.00	\$250.00	\$250.00

1	Amount received this period - itemized monetary contributions	\$7,971.00
2	Amount received this period - unitemized monetary contributions of less than \$100	\$1,636.00
3	Total monetary contributions received this period	\$9,607.00

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

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

Statement covers period		SCHEDULED	
from	OCT 1, 2014	CALIFORNIA FORM 460	
through	OCT 18, 2014	Page	9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
1323566

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)
10/8/2014	GARRY BARBADILLO FOR MILPITAS CITY COUNCIL 2014 FPPC 1366601	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/8/2014	RAJEEV MADNAWAT FOR CITY COUNCIL FPPC #1366861	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				500.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	500.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	500.00

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period		CALIFORNIA FORM 460
from	OCT 1, 2014	
through	OCT 18, 2014	Page <u>10</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
ESTEVEZ FOR MAYOR 2014		1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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
*****PLEASE SEE ATTACHED SHEET*****				

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

SUBTOTAL \$ 14,264.90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>14,264.90</u>
2. Unitemized payments made this period of under \$100	\$	<u>99.50</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>14,364.40</u>

PAYEE	ADDRESS OF PAYEE					DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP	CODE or		PAID
4 J's Dollar Plus	1782 Milmont Dr	Milpitas	CA	95035		gifts/misc items - 10/5 campaign event	\$100.00
First Insurance Funding Corp	450 Skokie Blvd, Suite 1000	Northbrook	IL	60062		insurance - campaign office	\$250.00
Postmaster	450 S Abel St	Milpitas	CA	95035		Bulk mail 898	\$2,234.91
Garry Barbadiillo for City Council 2014 FPPC 1366601	1840 Edsel Dr	Milpitas	CA	95035		political contribution	\$250.00
Rajeev Madnawat for City Council 2014 FPPC #1366861	1431 Arizona Ave	Milpitas	CA	95035		political contribution	\$250.00
Copy World, Inc. through Rajeev Madnawat	1375 University Ave	Berkeley	CA	94702		Bulk mail printing	\$2,500.00
Milpitas Post through Susan Esteves	59 Marylinn Dr	Milpitas	CA	95035		advertisement	\$4,413.15
Copy World, Inc. through Susan Esteves	1375 University Ave	Berkeley	CA	94702		Bulk mail printing	\$915.60
V&Victoria, LLC	1455 McCarthy Blvd	Milpitas	CA	95035		Office rent	\$300.00
Philippine Digest	175 Allen Ct	Milpitas	CA	95035		advertisement	\$200.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement: food, miscellaneous campaign office expenses	\$996.29
Jade China Restaurant through Susan Esteves	2524 Berryessa Rd	San Jose	CA	95132		food for 10/5 event	\$269.32
Kalesa through Susan Esteves	1783 N Milpitas Blvd	Milpitas	CA	95035		campaign meeting	\$206.63
Crazy Wireless through Susan Esteves	447 Great Mall Dr	Milpitas	CA	95036		wireless phone for phone banking	\$129.00
Carolina Manchester	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
C.Evan Knapp	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
Craig Manchester	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
John Stanek	888 San Clemente Dr, Suite 100	Newport Beach	CA	92660	RFD	returned contribution	\$250.00
Lance Waite	2235 Encinitas Blvd #216	Encinitas	CA	92024	RFD	returned contribution	\$250.00

TOTAL (>\$100) **\$14,264.90**

**Miscellaneous expenses (<\$100;
insurance, bank/online charges, etc)** **\$99.50**

TOTAL EXPENSES **\$14,364.40**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <i>City Clerk's Office</i> OCT 06 2014 <i>RECEIVED</i>	CALIFORNIA FORM 460
Page <u>1</u> of <u>10</u>	
For Official Use Only	

<p style="text-align: center;">Statement covers period</p> <p>from <u>JUL 1, 2014</u></p> <p>through <u>SEP 30, 2014</u></p>	<p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>NOV 4, 2014</u></p>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.263.1153

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

estesvej@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

4. Verification

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

Executed on OCT 6, 2014
Date

Executed on OCT 6, 2014
Date

Executed on _____
Date

Executed on _____
Date

By *Arsenio R Iloreta*
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page <u>2</u> of <u>10</u>		

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
n/a	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
n/a	

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Statement covers period	CALIFORNIA	460
from JUL 1, 2014 through SEP 30, 2014	FORM	
Page <u>3</u> of <u>10</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received		Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
		TOTAL THIS PERIOD	CALENDAR YEAR TOTAL TO DATE	
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$8,435.00	\$24,239.00	
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$8,435.00	\$24,239.00	
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$8,435.00	\$24,239.00	
Expenditures made				Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$8,383.99	\$11,790.15	
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$8,383.99	\$11,790.15	
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$8,383.99	\$11,790.15	
Current Cash Statement				To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$42,888.36		
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$8,435.00		
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$8,383.99		
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$42,939.37		
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JUL 1, 2014</u> through <u>SEP 30, 2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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)
	PLEASE SEE ATTACHED SHEETS	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 7,600.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 7,600.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 835.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 8,435.00

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

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

							Con			Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full Name		Address and Zip Code				butor			This	CY Jan 1	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
7/29/2014	Felicitas	Abrenilla	206 Vienna Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
7/27/2014	Ernie	Aglipay	2317 Oak Flat Rd	San Jose	CA	95131	IND	Retired		\$100.00	\$100.00	\$100.00
7/20/2014	Sukhdev	Bainiwal	3840 Hurstglen Way	San Jose	CA	95121	IND	Software Engr	Theranos	\$150.00	\$150.00	\$150.00
7/20/2014	Surjit	Bains	3809 Carrera Ct	San Jose	CA	95148	IND	Engineer	Caltrans	\$200.00	\$200.00	\$200.00
7/27/2014	Rodrigo	Cabuslay	3348 Onslow Way	San Jose	CA	95132	IND	Retired		\$100.00	\$100.00	\$200.00
7/27/2014	Gloria	Cacao	924 Coyote St	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00	\$250.00
7/27/2014	Peter	Casuga	503 Sark Ct	Milpitas	CA	95035	IND	Retired		\$50.00	\$50.00	\$100.00
7/27/2014	Cristina	Delos Santos	109 S Gadsden Dr	Milpitas	CA	95035	IND	Retired		\$50.00	\$50.00	\$100.00
8/11/2014	Pacita	Devera	1667 Kennedy Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
7/27/2014	Virginia	Estrada	1782 Millsgate Ln	San Jose	CA	95122	IND	Retired		\$100.00	\$100.00	\$100.00
7/3/2014	Florinda	Fernandez	32634 Kenita Way	Union City	CA	94587	IND	Retired		\$200.00	\$200.00	\$200.00
7/21/2014	Sanjiv	Garg	44110 Linda Vista Rd	Fremont	CA	94539	IND	Tech Manager	Cisco	\$250.00	\$250.00	\$250.00
7/27/2014	Julie	Garrido	1935 Conifer Ln	San Jose	CA	95132	IND	Owner	ABC Blocks Preschool Day Care	\$100.00	\$100.00	\$100.00
7/20/2014	Onkar	Gill	1337 Acadia Ave	Milpitas	CA	95035	IND	Manager	Milpitas Cab Co	\$200.00	\$200.00	\$200.00
7/27/2014	Kashmir	Gill	563 Corinthia Dr	Milpitas	CA	95035	IND	Sheriff Officer	Santa Clara County	\$100.00	\$100.00	\$100.00
8/1/2014	Cleofe	Gutierrez	778 Kevennaire Dr	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00	\$200.00
8/9/2014	Melanie	Holthaus	2277 Calle de Luna	Santa Clara	CA	95054	IND	Realtor	Intero Real Estate	\$200.00	\$200.00	\$200.00
7/27/2014	Eun-Hee	Koo	1851 McCarthy Blvd #115	Milpitas	CA	95035	IND	Professor	Adroit College	\$50.00	\$150.00	\$150.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name FirstName LastName	Address and Zip Code Street City State ZIP					Con tri butor Code	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
7/28/2014	Peter Kuo	883 E River Pkwy	Santa Clara	CA	95054	IND	Owner	Peter Kuo Insurance Agency	\$150.00	\$150.00	\$150.00	
8/7/2014	Bao Le	1370 Minnis Cir	Milpitas	CA	95035	IND	Owner	Aquatic Gallery Services	\$250.00	\$250.00	\$250.00	
8/28/2014	Shirley Meirose	887 Del Rio Ct	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00	
7/27/2014	Cory Mollat	1935 Conifer Ln	San Jose	CA	95132	IND	Day Care Provider	ABC Blocks Preschool Day Care	\$100.00	\$100.00	\$100.00	
7/27/2014	Helen Moreno	5390 Armonk Ct	San Jose	CA	95123	IND	Director	Kaisahan of San Jose	\$100.00	\$100.00	\$200.00	
7/27/2014	Jaime Odena	121 Sudbury CCt	Milpitas	CA	95035	IND	Financial Adviser	Cetera Advisor Network	\$200.00	\$200.00	\$200.00	
7/27/2014	Asuncion Pempengco	3028 Woods Way	San Jose	CA	95148	IND	Retired		\$50.00	\$100.00	\$125.00	
7/2/2014	Long Duc Pham	10863 Herchell Dr	San Jose	CA	95127	IND	Retired		\$250.00	\$250.00	\$250.00	
7/2/2014	Mai Lee Pham	3457 Del Norde Dr	San Jose	CA	95132	IND	Homemaker		\$150.00	\$150.00	\$150.00	
7/27/2014	Lakhbir Pooni	1337 Acadia Ave	Milpitas	CA	95035	IND	Co-owner	Milpitas Cab Co	\$100.00	\$100.00	\$100.00	
7/27/2014	Erlinda Quitevis	245 N Hillview Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00	
8/8/2014	Liliana Ramos	1662 Crater Lake Ave	Milpitas	CA	95035	IND	Retired		\$50.00	\$100.00	\$150.00	
7/20/2014	Ram Singh	1245 Olympic Dr	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00	\$200.00	
7/27/2014	Amarvir Singh	1466 Ashland Dr	Milpitas	CA	95035	IND	Supervisor	Milpitas Cab Co	\$100.00	\$100.00	\$100.00	
7/19/2014	Bhupinder Singh	3803 Prescott Ave	San Jose	CA	95124	IND	Trucker	G-N Transportation	\$200.00	\$200.00	\$200.00	

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name FirstName LastName	Address and Zip Code Street City State ZIP					Con tri butor Code	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
7/7/2014	Maria Soriano	290 Enriquez Ct	Milpitas	CA	95035	IND	Owner	Soriano Residential Home Care	\$100.00	\$100.00	\$100.00	
7/3/2014	James Tong	4048 Piedmont Terrace	Fremont	CA	94539	IND	Realtor	Charter Properties	\$250.00	\$250.00	\$250.00	
7/3/2014	Celestin Tong	4690 Chabot Dr Suite 100	Pleasanton	CA	94538	IND	Realtor	Charter Properties	\$250.00	\$250.00	\$250.00	
8/11/2014	John Traub	1024 Emory St	San Jose	CA	95126	IND	President	Nanolab Technologies	\$250.00	\$250.00	\$250.00	
8/5/2014	Vidya Ullal	1350 Cuciz Ln	Milpitas	CA	95035	IND	Marketing Mgr	HP	\$100.00	\$100.00	\$100.00	
7/24/2014	Ricardo Velasco	1282 Nieves Ct	Milpitas	CA	95035	IND	Senior claims examiner	United Administrative Services	\$50.00	\$100.00	\$150.00	
7/27/2014	Jae Wi	1851 McCarthy Blvd #115	Milpitas	CA	95035	IND	President	Eudemonia Medical Service	\$50.00	\$150.00	\$150.00	
7/27/2014	James Yu	995 Montague Expwy #216	Milpitas	CA	95035	IND	Dentist	James Yu, DDS, Inc	\$100.00	\$100.00	\$200.00	
7/10/2014	April Zhong	530 Lytton Ave, FL 2	Palo Alto	CA	94301	IND	CEO	SilRay Inc.	\$250.00	\$250.00	\$250.00	
7/27/2014	City Auto Sales		1526 Poppy Hills Ln	Tracy	CA	95377	OTH		\$100.00	\$100.00	\$100.00	
7/27/2014	Milpitas Cab Co		1313 N Milpitas Blvd #105	Milpitas	CA	95035	OTH		\$250.00	\$250.00	\$250.00	
7/27/2014	Mission Peak Construction Inc.		47417 Avalon Heights Ter	Fremont	CA	94539	OTH		\$250.00	\$250.00	\$250.00	
7/3/2014	ICP Investments Co., Inc.		181 Fennel Ct	Morgan Hill	CA	95037	OTH		\$250.00	\$250.00	\$250.00	
7/20/2014	BKSG Transportation LLC		2021 N Milpitas Blvd #227E	Milpitas	CA	95035	OTH		\$250.00	\$250.00	\$250.00	

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name	Address and Zip Code				Contri	butor	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
Received	FirstName	LastName	Street	City	State	ZIP	Code					
8/14/2014	Law Offices of Shawn Steel		27520 Hawthorne Blvd Ste 270	Palos Verdes	CA	90274	OTH			\$250.00	\$250.00	\$250.00
9/16/2014	Lincoln Club of No Cal PAC FPPC ID #820082		455 Capitol Mall Ste 600	Sacramento	CA	95814	COM			\$250.00	\$250.00	\$250.00

- | | | |
|---|--|------------|
| 1 | Amount received this period - itemized monetary contributions | \$7,600.00 |
| 2 | Amount received this period - unitemized monetary contributions of less than \$100 | \$835.00 |
| 3 | Total monetary contributions received this period | \$8,435.00 |

**Schedule E
Payments Made**

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

Statement covers period from JUL 1, 2014 through SEP 30, 2014	CALIFORNIA FORM 460 Page 9 of 10
I.D. NUMBER 1323566	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVES FOR MAYOR 2014

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
*****PLEASE SEE ATTACHED SHEET*****				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 8,160.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8,160.69
2. Unitemized payments made this period of under \$100	\$ 223.30
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 \$ 8,383.99

PAYEE	ADDRESS OF PAYEE					DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP	CODE or		
GD Commercial c/o Jose Esteves	1455 McCarthy Blvd	Milpitas	CA	95035		campaign office rent	\$300.00
Copy World, Inc. c/o Jose Esteves	1375 University Ave	Berkeley	CA	94702		Jul 27 event fliers	\$118.00
Tatak Ng Lahi Clothing c/o Susan Esteves	323 S 3rd, Unit 23C	San Jose	CA	95116		"Esteves for Mayor" T-shirts - initial deposit	\$250.00
Nelia Somera	231 Smithwood St	Milpitas	CA	95035		Food - 7/27/14 campaign event	\$340.00
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Candidate statement	\$1,900.00
COPS Voter Guide FPPC#599014	705-2 E Bidwell #370	Folsom	CA	95630		Voter Guide Slate	\$542.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - Food/Supplies/Misc - 7/27 campaign event	\$1,199.41
Postmaster	450 S Abel St	Milpitas	CA	95035		Bulk mail 898	\$1,220.00
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		advertisement	\$872.10
Tatak Ng Lahi Clothing c/o Susan Esteves	323 S 3rd, Unit 23C	San Jose	CA	95116		"Esteves for Mayor" T-shirts	\$250.00
Cheap Door Hangers c/o Susan Esteves	9193 Winkler Dr. Suite G	Houston	TX	77017		door hangers	\$454.00
Copy World, Inc. c/o Susan Esteves	1375 University Ave	Berkeley	CA	94702		miscellaneous mailers/fliers	\$597.00
Copy World, Inc. c/o Jose Esteves	1375 University Ave	Berkeley	CA	94702		Oct 5 event fliers	\$118.18

TOTAL (>\$100) \$8,160.69

Miscellaneous expenses (<\$100; insurance, bank/online charges, etc) \$223.30

TOTAL EXPENSES \$8,383.99

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp City Clerk's Office JUL 31 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>11</u> For Official Use Only

Statement covers period from <u>JAN 1, 2014</u> through <u>JUN 30, 2014</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVES FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.263.1153

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MILPITAS	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

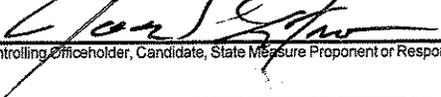
4. Verification

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 JUL 31, 2014
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on JUL 31, 2014
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
JOSE S ESTEVES			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
MAYOR, CITY OF MILPITAS			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
825 CANADA 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	n/a		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			
COMMITTEE NAME	I.D. NUMBER		
none	n/a		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
n/a			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
n/a			

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
n/a		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
n/a		

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Statement covers period	CALIFORNIA	460
from JAN 1, 2014 through JUN 30, 2014	FORM	
Page <u>3</u> of <u>11</u>		

NAME OF FILER
ESTEVES FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
	TOTAL THIS PERIOD	CALENDAR YEAR TOTAL TO DATE	
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$15,804.00	\$15,804.00	- NOT APPLICABLE
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$15,804.00	\$15,804.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$15,804.00	\$15,804.00	
Expenditures made			
6. Payments Made..... <i>Schedule E, Line 4</i>	\$3,406.16	\$3,406.16	Expenditure Limit Summary for State Candidates - NOT APPLICABLE
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$3,406.16	\$3,406.16	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$3,406.16	\$3,406.16	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$30,490.52	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$15,804.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$3,406.16		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$42,888.36		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from JAN 1, 2014
through JUN 30, 2014

CALIFORNIA FORM 460

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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)
	Please see	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	attached sheets	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 13,550

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,254

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 15,804

*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 DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri	Occupation	Employer	Amount Rec'd	Cum-to -date	Per Election
Received	FirstName	LastName	Street	City	State	ZIP	Code			This Period	CY Jan 1 - Dec 31	to date (if reqd)
4/28/2014	Gene	Abella	303 Titleist Ct	San Jose	CA	95127	IND	Retired		\$100.00	\$100.00	\$200.00
5/3/2014	Joy	Agbuya	1302 Acadia Ave	Milpitas	CA	95035	IND	Sr Analyst	NVIDIA	\$200.00	\$200.00	\$200.00
5/22/2014	Ana	Andres	2967 Artistry Ct	Las Vegas	NV	89117	IND	Business Manager	Five Aces Rental Housing	\$100.00	\$100.00	\$200.00
6/1/2014	Trini	Aoalin	542 Hamilton Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$200.00
5/3/2014	Sharla	Aquino	3128 Loma Verde Dr #210	San Jose	CA	95117	IND	Development Mgr	New York Life	\$100.00	\$100.00	\$100.00
5/3/2014	Manny	Bagnas	10692 Carver Dr	Cupertino	CA	95014	IND	Retired		\$200.00	\$200.00	\$200.00
5/22/2014	Pat	Baza	1225 Daniel Ct	Milpitas	CA	95035	IND	Homemaker		\$100.00	\$100.00	\$100.00
5/15/2014	Jun	Blanco	478 Heath St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
5/3/2014	Satnam	Chahal	136 Beacon Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
5/5/2014	Bor	Chan	400 Durham Ct	Fremont	CA	94539	IND	Computer Scientist	Lawrence Livermore National Lab	\$250.00	\$250.00	\$250.00
2/27/2014	Anita	Chan	879 Calaveras Ridge Dr	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00	\$200.00
2/27/2014	Delia	Chen	7960 Pineville Cir	Castro Valley	CA	94552	IND	Realtor	Far East Realty	\$200.00	\$200.00	\$200.00
2/27/2014	Yong Wen	Chen	1026 Hollister Ave	San Francisco	CA	94124	IND	Manager	King Wah Restaurant	\$250.00	\$250.00	\$250.00
5/5/2014	Shu	Cheng	400 Durham Ct	Fremont	CA	94539	IND	Homemaker		\$250.00	\$250.00	\$250.00
2/27/2014	Richard	Chiu	1 Winant Way	Alameda	CA	94502	IND	Real Estate appraiser	Self-employed	\$250.00	\$250.00	\$250.00
5/3/2014	Belen	Daquigan	454 Clauser Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$200.00
5/12/2014	Atma	Dayal	160 Wortham Ct	Mountain View	CA	94040	IND	Realtor	Shree Investments	\$250.00	\$250.00	\$250.00
5/3/2014	Jocelyn	de Guzman	16 Corning Ave Ste 262	Milpitas	CA	95035	IND	Office Manager	DeGuzman & Associates	\$250.00	\$250.00	\$250.00
5/3/2014	Victor	de Leon	1350 Country Club Dr	Milpitas	CA	95035	IND	Business Owner	de Leon Enterprises, LLC	\$250.00	\$250.00	\$250.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name FirstName LastName	Address and Zip Code Street City State ZIP					Con tri butor Code	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
5/3/2014	Imelda de Leon	1350 Country Club Dr	Milpitas	CA	95035	IND	Business Owner	de Leon Enterprises, LLC	\$250.00	\$250.00	\$250.00	
5/3/2014	Rajendra Deshpanday	603 Carlsbad St	Milpitas	CA	95035	IND	Owner	Deshpanday Holdings (USA), LLC	\$250.00	\$250.00	\$250.00	
2/25/2014	Allen Dieu	2551 Amaryl Ct	San Jose	CA	95132	IND	Realtor	GD Commercial	\$200.00	\$200.00	\$200.00	
5/3/2014	Tony Dinh	3111 McLaughlin Ave	San Jose	CA	95121	IND	Real Estate Broker	Century 21 A-1 Network	\$250.00	\$250.00	\$250.00	
5/3/2014	Jerry Epps	1378 Mt Shasta Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00	
5/4/2014	Steve Escalona	7944 Timber Horn Ct	Las Vegas	NV	89147	IND	Retired		\$100.00	\$100.00	\$100.00	
4/30/2014	Rodolfo Fernandez	1868 Norseman Dr	San Jose	CA	95133	IND	Retired		\$200.00	\$200.00	\$200.00	
5/3/2014	Virgil Fernando	4141 Ruby Ave	San Jose	CA	95135	IND	Pastor	Good Shepherd Community Church	\$200.00	\$200.00	\$200.00	
5/15/2014	Lokesh Gopal	29 Jacklin Cir	Milpitas	CA	95035	IND	Computer Engineer	Philips	\$125.00	\$125.00	\$125.00	
5/5/2014	David Hufton	1455 Fontainbleu Ave	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00	\$200.00	
2/26/2014	Joseph Hui	4673 Theta St	Fremont	CA	94536	IND	Real Estate Agent	Tuscany Real Estate	\$100.00	\$100.00	\$100.00	
2/24/2014	Benita Hui	181 Parc Place Dr	Milpitas	CA	95035	IND	Homemaker		\$100.00	\$100.00	\$100.00	
5/3/2014	Sunita Japra	1000 Hunter Lane	Fremont	CA	94539	IND	Homemaker		\$250.00	\$250.00	\$250.00	
5/3/2014	Romesh Japra, M.D.	1000 Hunter Lane	Fremont	CA	94539	IND	Physician	PCA	\$250.00	\$250.00	\$250.00	
5/3/2014	Pyeng Jin Kim	5406 Canyon Hills Ln	San Jose	CA	95138	IND	Executive Director	Korean U	\$250.00	\$250.00	\$250.00	

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name FirstName LastName	Address and Zip Code Street City State ZIP					Contri butor Code	Occupation	Employer	Amount Rec'd This Period	Cum-to -date CY Jan 1 - Dec 31	Per Election to date (if reqd)
4/30/2014	Charles Knapp	888 San Clemente Dr, Ste 100	Newport Beach	CA	92660	IND	Principal	Integral Communities	\$250.00	\$250.00	\$250.00	
5/3/2014	Eun-Hee Koo	1851 McCarthy Blvd #115	Milpitas	CA	95035	IND	Chairperson	Korean Language & Culture Foundation	\$100.00	\$100.00	\$100.00	
2/27/2014	Han Qiang Kuang	11615 B Murphy Ave	San Martin	CA	95046	IND	Farmer	Self-employed	\$250.00	\$250.00	\$250.00	
2/21/2014	Norman Lam	699 Folsom Cir	Milpitas	CA	95035	IND	Realtor	Tuscany Real Estate	\$100.00	\$100.00	\$100.00	
5/1/2014	Bernadette Lao	2557 Trimble Rd	San Jose	CA	95132	IND	Accountant	Ciprix	\$150.00	\$150.00	\$150.00	
2/27/2014	Dexter Lat	355 Tuolumne Dr	Fremont	CA	94539	IND	Real Estate broker	Self-employed	\$100.00	\$100.00	\$140.00	
5/16/2014	Kiki Lee	218 Silverlake Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00	
3/10/2014	King Bor Lee	4080 Grafton St, Ste 200	Dublin	CA	94568	IND	Owner	Gum Kuo Restaurant	\$250.00	\$250.00	\$250.00	
5/3/2014	Ming-Hwa Lee	44050 Linda Vista Rd	Fremont	CA	94539	IND	Owner	Mintron Enterprise USA	\$100.00	\$100.00	\$100.00	
2/27/2014	James Li	1279 Hillcrest Blvd	Milbrae	CA	94030	IND	Engineer	Self-employed	\$250.00	\$250.00	\$250.00	
2/27/2014	Wei Liang	1638 Crest Hill Way	Gilroy	CA	95020	IND	Farmer	Self-employed	\$250.00	\$250.00	\$250.00	
4/30/2014	Craig Manchester	888 San Clemente Dr, Ste 100	Newport Beach	CA	92660	IND	Managing Partner	Integral Communities	\$250.00	\$250.00	\$250.00	
4/30/2014	Carolina Manchester	888 San Clemente Dr, Ste 100	Newport Beach	CA	92660	IND	Homemaker		\$250.00	\$250.00	\$250.00	
5/3/2014	Josie Mongi	500 East Calaveras Blvd	Milpitas	CA	95035	IND	Realtor	Imperial Real Estate	\$250.00	\$250.00	\$250.00	
5/3/2014	Timothy Nguyen	2889 Lardo Dr	San Jose	CA	95132	IND	Marketing Director	Pandora	\$250.00	\$250.00	\$250.00	

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Con			Amount	Cum-to	Per
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Rec'd This	-date CY Jan 1	Election to date
										Period	- Dec 31	(if reqd)
5/3/2014	Anh Que	On	51 Rockway Dr	San Jose	CA	95127	IND	Retired		\$100.00	\$100.00	\$100.00
5/23/2014	Joric	Pang	1770 N Milpitas Blvd	Milpitas	CA	95035	IND	Business Owner	Milpitas Greens	\$250.00	\$250.00	\$250.00
4/24/2014	Evangeline	Pangan	2767 Belmont Ter	Fremont	CA	94539	IND	Retired		\$100.00	\$100.00	\$100.00
5/16/2014	Ranjit	Patro	1206 Nestwood Way	Milpitas	CA	95035	IND	Computer Engineer	Juniper	\$125.00	\$125.00	\$125.00
5/21/2014	Zenaida	Postolica	620 Morse Ave	Sunnyvale	CA	94085	IND	Owner	CB Associates	\$200.00	\$200.00	\$200.00
4/30/2014	John	Stanek	888 San Clemente Dr, Ste 100	Newport Beach	CA	92660	IND	Principal	Integral Communities	\$250.00	\$250.00	\$250.00
5/3/2014	Paul	Stewart II	3162 Oakbridge Dr	San Jose	CA	95121	IND	Govt Affairs Director	San Mateo County Assn of Realtors	\$100.00	\$100.00	\$100.00
2/24/2014	Joyce	Sun	41443 Joyce Ave	Fremont	CA	94539	IND	Realtor	GD Commercial	\$100.00	\$100.00	\$100.00
2/27/2014	Coco	Tan	14257 Douglass Lane	Saratoga	CA	95070	IND	Realtor	Coldwell Banker	\$200.00	\$200.00	\$200.00
2/20/2014	Linh	Tu	134 Colonade Sq	San Jose	CA	95127	IND	Realtor	Tuscany Real Estate	\$100.00	\$100.00	\$100.00
5/3/2014	Anh	Vo	880 Evans Rd	Milpitas	CA	95035	IND	Reverend Monk	Phap Vuong Temple	\$100.00	\$100.00	\$100.00
2/24/2014	Quyen	Vo	4244 Rosenbaum Ave	San Jose	CA	95136	IND	Real Estate Agent	GD Commercial	\$100.00	\$100.00	\$100.00
2/21/2014	Thuha	Vo	18430 Alcala Ct	Morgan Hill	CA	95037	IND	Realtor	Tuscany Real Estate	\$100.00	\$100.00	\$100.00
4/30/2014	Lance	Waite	2235 Encinitas Blvd #216	Encinitas	CA	92024	IND	Principal	Integral Communities	\$250.00	\$250.00	\$250.00
5/3/2014	Jae	Wi	1851 McCarthy Blvd #115	Milpitas	CA	95035	IND	President	Eudemonia Medical Service	\$100.00	\$100.00	\$100.00
5/12/2014	Mu-Yeh	Wu	19781 Bixby Dr	Cupertino	CA	95014	IND	Retired		\$200.00	\$200.00	\$200.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Con			Amount	Cum-to	Per
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	This	CY Jan 1	Election
										Period	- Dec 31	to date
												(if reqd)
2/26/2014	Shufei	Yang	3 Nakayama Ct	Alameda	CA	94502	IND	Real Estate Agent	GD Commercial	\$100.00	\$100.00	\$100.00
5/23/2014	Elaine	Yang	1770 N Milpitas Blvd	Milpitas	CA	95035	IND	Business Owner	Milpitas Greens	\$250.00	\$250.00	\$250.00
2/27/2014	Tony	Ye	2107 North First St #400	San Jose	CA	95131	IND	Real Estate	Self-employed	\$200.00	\$200.00	\$200.00
5/3/2014	Skip	Yenchik	1793 Shenandoah Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
5/3/2014	Henry	Yin	443 Lower Vintners Cir	Fremont	CA	94539	IND	Business Owner	USA-China Link	\$200.00	\$200.00	\$200.00
4/18/2014	Assoc Builders & Contractors NorCal Ch PAC ID#901313		4577 Las Positas Rd, Unit C	Livermore	CA	94551	COM			\$250.00	\$250.00	\$250.00
4/2/2014	Grow Elect		1020 12th St Ste232	Sacramento	CA	95814	OTH			\$250.00	\$250.00	\$250.00
2/27/2014	Infinity World Investment Inc		142 N Milpitas Blvd Ste 109	Milpitas	CA	95035	OTH			\$250.00	\$250.00	\$250.00
2/27/2014	Qiong Hua Restaurant Inc		1235 E Calaveras Blvd	Milpitas	CA	95035	OTH			\$250.00	\$250.00	\$250.00
2/27/2014	Samuel Kwong Nursery		254 San Bruno Ave	Morgan Hill	CA	95037	OTH			\$250.00	\$250.00	\$250.00

TOTAL (\$100+) \$13,550

TOTAL (<\$100) \$2,254

TOTAL contributions \$15,804

**Schedule E
Payments Made**

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

Statement covers period from <u>JAN 1, 2014</u> through <u>JUN 30, 2014</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>11</u>
	I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

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
Please see attached sheet.				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>3,264.56</u>
2. Unitemized payments made this period of under \$100	\$	<u>141.60</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>3,406.16</u>

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP				
USPS	450 S Abel St	Milpitas	CA	95035		POS	stamps	\$460.00
Secretary of State	1500 11th Street	Sacramento	CA	95814			Committee ID# (2013, penalty[150], 2014)	\$250.00
King Wah	1235 E Calaveras Blvd	Milpitas	CA	95035			fundraising dinner	\$1,000.00
Dragon Financial & Insurance	1700 S El Camino Real	San Mateo	CA	94402			Liability insurance	\$413.84
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			May 3 fundraising - food, etc	\$722.72
V & Victoria	1455 McCarthy Blvd	Milpitas	CA	95035			Rent - Campaign Office	\$300.00
Copy World, Inc.	1375 University Ave	Berkeley	CA	94702			Flyers - July 27 campaign event	\$118.00

TOTAL (>\$100) \$3,264.56

Miscellaneous expenses (<\$100; food and supplies, etc) \$141.60

TOTAL EXPENSES \$3,406.16

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp CITY CLERK'S OFFICE MAR 31 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>JUL 1, 2013</u> through <u>DEC 31, 2013</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 4, 2014</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Change contributor code for 2 campaign committee contributions</u>
<u>and provide missing FPPC ID numbers</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevsj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

4. Verification

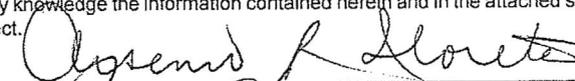
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on MAR 27, 2014
Date

Executed on MAR 27, 2014
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JAN 31 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period
from JUL 1, 2013
through DEC 31, 2013

Date of election if applicable:
(Month, Day, Year)
NOV 4, 2014

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

ESTEVEZ FOR MAYOR 2014

STREET ADDRESS (NO P.O. BOX)

825 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 CANADA DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>MILPITAS</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

n/a

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>n/a</u>			

OPTIONAL: FAX / E-MAIL ADDRESS

n/a

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.

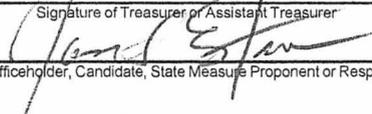
Executed on JAN 31, 2014
Date

Executed on JAN 31, 2014
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>10</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
MAYOR, CITY OF MILPITAS				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 CANADA 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	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

COMMITTEE NAME	I.D. NUMBER
none	n/a
NAME OF TREASURER	CONTROLLED COMMITTEE?
n/a	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
n/a	
CITY	STATE ZIP CODE AREA CODE/PHONE
n/a	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
none		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
n/a		
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
n/a		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
n/a		

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
none	n/a	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Statement covers period from JUL 1, 2013 through DEC 31, 2013	CALIFORNIA FORM	460
	Page <u>3</u> of <u>10</u>	

NAME OF FILER
ESTEVEZ FOR MAYOR 2014

I.D. NUMBER
FPPC # 1323566

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$10,982.00	\$10,982.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$10,982.00	\$10,982.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.... <i>Add Lines 3 + 4</i>	\$10,982.00	\$10,982.00	
Expenditures made	Column A	Column B	Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$2,425.72	\$2,425.72	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$2,425.72	\$2,425.72	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$2,425.72	\$2,425.72	
Current Cash Statement	Column A	Column B	
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$21,934.24	To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.	
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$10,982.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$2,425.72		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$30,490.52		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts	Column A	Column B	
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$0.00		

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from JUL 1, 2013
through DEC 31, 2013

CALIFORNIA FORM 460

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

I.D. NUMBER

1323566

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)
	Please see	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	attached sheets.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,625-
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,357-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,982-

*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 DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri	butor	Occupation	Employer	Amount Rec'd	Cum-to -date
Received	FirstName	LastName	Street	City	State	ZIP	Code			Period	- Dec 31	
10/20/13	Wilma	Abad	875 Russell Lane	Milpitas	CA	95035	IND	Nurse	Kaiser	\$100.00	\$100.00	
10/20/13	Gene	Abella	303 Titleist Ct	San Jose	CA	95127	IND	Retired		\$100.00	\$100.00	
10/20/13	John	Abordo	9707 Laredo Way	Gilroy	CA	95020	IND	Podiatrist	Abordo Clinic	\$100.00	\$100.00	
10/20/13	Joy	Agbuya	1302 Acadia Ave	Milpitas	CA	95035	IND	Marketing Director	World Financial Gp	\$200.00	\$200.00	
10/17/13	Ana	Andres	2967 Artistry Ct	Las Vegas	NV	89117	IND	Real Estate salesperson	5 Aces Property Management	\$100.00	\$100.00	
10/20/13	Trini	Aoalin	542 Hamilton Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	
10/20/13	Rosemarie	Baltazar	2186 Devon Pl	Milpitas	CA	95035	IND	Eng Tech	Samsung	\$100.00	\$100.00	
11/05/13	Ed	Bibat	2007 Farndon Ave	Los Altos	CA	94024	IND	Retired		\$100.00	\$100.00	
10/20/13	Rodrigo	Cabuslay	3348 Onslow Way	San Jose	CA	95132	IND	Retired		\$100.00	\$100.00	
10/20/13	Isagani	Catindig	1275 French Ct	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	
10/20/13	Carmelita	Chao	82 Images Circle	Milpitas	CA	95035	IND	Software manager	Innovative Interfaces	\$100.00	\$100.00	
10/09/13	Tsung Lung	Chen	1073 Grayson Way	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	
10/20/13	Belen	Daquigan	454 Clauser Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	
10/20/13	Amado	de Guzman	16 Corning Ave, Ste 262	Milpitas	CA	95035	IND	Self-employed	De Guzman Associates	\$250.00	\$250.00	
10/15/13	Francis	Duhay	33 Silver Cres	Irvine	CA	92603	IND	Chief Medical Officer	Edwards Life Sciences	\$250.00	\$250.00	
10/20/13	Severa	Escobar	555 Boranda Ct	Mountain View	CA	94040	IND	Retired		\$100.00	\$100.00	

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				tributor	Occupation	Employer	Rec'd This Period	-date CY Jan 1 - Dec 31
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31
10/20/13	Eva	Ferguson	373 Junipero Dr, Apt 4	Milpitas	CA	95035	IND	Business Planner	SanDisk Corp	\$100.00	\$100.00
11/01/13	Manuel	Fernandez	32634 Kenita Way	Union City	CA	94587	IND	Self-employed	Fernandez Architects	\$100.00	\$100.00
10/20/13	Alexander	Galang	2191 Wellington Dr	Milpitas	CA	95035	IND	Dentist	Alex Galang, DMD, Inc	\$200.00	\$200.00
12/01/13	Mario	Gutierrez	778 Kevenaire Dr	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00
10/20/13	Fe	Guzman	889 Los Positos Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/20/13	Delia	Ho	15911 Highland Dr	San Jose	CA	95127	IND	Retired		\$125.00	\$125.00
12/18/13	Janet	Hui	4673 Theta St	Fremont	CA	94536	IND	Housewife		\$250.00	\$250.00
10/29/13	K.K. Wang	Lu	218 Silverlake Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/20/13	Jacqueline	Luk	698 N Park Victoria Dr	Milpitas	CA	95035	IND	Property Manager	GD Commercial	\$200.00	\$200.00
10/20/13	John	Luk	698 N Park Victoria Dr	Milpitas	CA	95035	IND	Real Estate Broker	GD Commercial	\$200.00	\$200.00
10/20/13	Nestor	Luna	880 Los Positos Dr	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00
10/20/13	Cedelina	Manuel	33265 Pheasant St	Fremont	CA	94555	IND	Retired		\$100.00	\$100.00
10/21/13	Benny	Menor	3056 Knights Bridge Rd	San Jose	CA	95132	IND	Self-employed	Consultant	\$100.00	\$100.00
10/18/13	Raymundo	Moreno	5390 Armonk Ct	San Jose	CA	95123	IND	Director	Kaisahan Dance Troupe	\$100.00	\$100.00
10/29/13	Minh	Nguyen	2042 Skyline Dr	Milpitas	CA	95035	IND	Business Owner	Shell Gas Station	\$100.00	\$100.00
10/20/13	Tien	Nguyen	654 Hamilton Ln	Santa Clara	CA	95051	IND	Retired		\$100.00	\$100.00

Date	Full Name		Address and Zip Code				tri			Rec'd	-date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31
10/20/13	Jimmy	Odena	121 Sudbury Ct	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00
10/20/13	Althea	Polanski	2083 Mesa Verde Dr	Milpitas	CA	95035	IND	Vice Mayor	City of Milpitas	\$100.00	\$100.00
12/18/13	Tam	Quach	171 Knightshaven Way	San Jose	CA	95111	IND	Real Estate Broker	GD Commercial	\$250.00	\$250.00
10/20/13	Elisa	Reyes	48446 Spokane Pl	Fremont	CA	94539	IND	Nurse	Kaiser	\$150.00	\$150.00
10/20/13	Angel	Sabangan	181 Hillview Dr	Milpitas	CA	95035	IND	Supervisor	MVLA High School District	\$100.00	\$100.00
10/20/13	Gurdev	Sandhu	1180 Cadillac Ct	Milpitas	CA	95035	IND	Retired		\$150.00	\$150.00
10/19/13	Elvie	Teodoro	1842 Shady Grove Pl	San Jose	CA	95138	IND	Director	Evergreen School of Performing Arts	\$100.00	\$100.00
11/03/13	James	Tong	4048 Piedmont Ter	Fremont	CA	94539	IND	Real Estate Broker	Charter Properties	\$250.00	\$250.00
11/04/13	Michael	Tong	4049 Piedmont Ter	Pleasanton	CA	94588	IND	Real Estate Broker	Charter Properties	\$250.00	\$250.00
11/08/13	Jennifer	Tong	4048 Piedmont Ter	Fremont	CA	94539	IND	Homemaker		\$250.00	\$250.00
12/18/13	Tammy	Tran	3365 Casalegno Ct	San Jose	CA	95148	IND	Housewife		\$250.00	\$250.00
10/30/13	John	Wong	47417 Avalon Heights Ter	Fremont	CA	94539	IND	President	Mission Peak Homes, Inc	\$250.00	\$250.00
10/30/13	Chi	Wong	47417 Avalon Heights Ter	Fremont	CA	94539	IND	Homemaker		\$250.00	\$250.00
10/20/13	James	Yu	291 Geary St, Suite 615	San Francisco	CA	94102	IND	Dentist	Yu Dental Clinic	\$100.00	\$100.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				tributor	Occupation	Employer	Rec'd This Period	-date CY Jan 1 - Dec 31
Received	FirstName	LastName	Street	City	State	ZIP	Code				
12/18/13	Wen	Zhang	151 Buckingham Dr Unit 244	Santa Clara	CA	95051	IND	unemployed		\$250.00	\$250.00
10/18/13	Asian Hustle and Salsa		2633 Gomes Dr	San Jose	CA	95132	OTH			\$100.00	\$100.00
10/20/13	CKY Global Financial & Insurance Solutions Inc		63 Berryessa Way	Hillsborough	CA	94010	OTH			\$100.00	\$100.00
10/21/13	Hua Tong Engineering Gp, Inc		150 Executive Park Blvd, Ste 4000	San Francisco	CA	94134	OTH			\$250.00	\$250.00
10/31/13	Kansen Chu for Assembly 2014 FPPC		1787 Tribute Rd, Ste K	Sacramento	CA	95815	OTH			\$250.00	\$250.00
10/30/13	Ro for Congress Inc.		43255 Mission Blvd, Ste 101	Fremont	CA	94539	OTH			\$250.00	\$250.00
11/04/13	Trumark Homes LLC		4185 Blackhawk Plaza Cir Ste 200	Danville	CA	94506	OTH			\$250.00	\$250.00
12/17/13	V&Victoria, LLC		3 Nakayama Ct	Alameda	CA	94502	OTH			\$250.00	\$250.00

TOTAL (>=\$100) \$8,625

TOTAL (<\$100) \$2,357

TOTAL contributions \$10,982

**Schedule E
Payments Made**

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

Statement covers period from <u>JUL 1, 2013</u> through <u>DEC 31, 2013</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER 1323566

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ESTEVEZ FOR MAYOR 2014

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
Please see attached sheet.			

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>2419.72</u>
2. Unitemized payments made this period of under \$100	\$	<u>6.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>2425.72</u>

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP			
Al Garcia	801 Oxen St	Paso Robles	CA	93446		estevesformayor website	\$756.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - food for campaign fundraising event in the park	\$404.69
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		park fee and insurance	\$211.00
Jose Esteves	825 Canada Dr	Milpitas	CA	95036		reimbursement - campaign event fliers; banners	\$119.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - campaign Christmas cards/giveaways	\$504.03
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		Advertisement - Christmas greeting	\$425.00

TOTAL (>\$100) \$2,419.72

Miscellaneous expenses (<\$100) \$6.00

TOTAL EXPENSES \$2,425.72

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 30 2013 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>JAN 1, 2013</u> through <u>JUN 30, 2013</u>	Date of election if applicable: (Month, Day, Year) - not applicable -
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

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

Milpitas	CA	95035	408.263.1153
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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

ARSENIO R ILORETA

MAILING ADDRESS

782 Canada Dr

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

Milpitas	CA	95035	408.946.6438
-----------------	-----------	--------------	---------------------

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 30 Jul 2013
Date

Executed on July 30, 2013
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
JOSE S ESTEVES				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor, City of Milpitas				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
825 Canada 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
-not applicable-	
NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> 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?
	<input type="checkbox"/> YES <input type="checkbox"/> 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		
-not applicable-		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-not applicable-		
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

SUMMARY PAGE

**Campaign Disclosure Statement
Summary Page**

Statement covers period from JAN 1, 2013 through JUN 30, 2013	CALIFORNIA FORM	460
Page <u>3</u> of <u>4</u>		

NAME OF FILER

ESTEVEZ FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	Schedule A, Line 3	\$0.00	\$0.00
2. Loans received.....	Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary contributions.....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	Add Lines 3 + 4	\$0.00	\$0.00

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	Schedule E, Line 4	\$0.00	\$0.00
7. Loans Made.....	Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$0.00	\$0.00

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	Previous Summary Page, Line 16	\$20,471.62
13. Cash receipts.....	Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash...	Schedule I, Line 4	\$1,462.62
15. Cash Payments.....	Column A, Line 8 above	\$0.00
16. ENDING CASH BALANCE.....	Add Lines 12+13+14, then subtract Line 15	\$21,934.24

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$0.00

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period from <u>JAN 1, 2013</u> through <u>JUN 30, 2013</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

I.D. NUMBER

1323566

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
22Jan2013	City of Milpitas 455 E Calaveras Blvd Milpitas, CA 95035	refund of payment for Statements of Candidate	\$1465.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

1465.00

Schedule I Summary

1. Itemized increases to cash this period.	\$	1465.00
2. Unitemized increases to cash of under \$100 this period. <i>(bank fee [3.00] + interest [0.62])</i>	\$	-2.38
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	1462.62

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 30 2013 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 31, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 6, 2012</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below)
<u>Sched E - remove expenses previously reported</u> | |
| <u>Summary Page - updated to reflect revised Sched E totals</u> | |

3. Committee Information

I.D. NUMBER
1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>CA</u>	<u>95035</u>	<u>408.263.1153</u>

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

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

ARSENIO R ILORETA

MAILING ADDRESS

782 Canada Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

-none-

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 29 Jul 2013
Date

Executed on July 29 / 13
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: JOSE S ESTEVES
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Mayor, City of Milpitas
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 825 Canada 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: -not applicable- 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: -not applicable-
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 applicable-
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**

Statement covers period from OCT 21, 2012 through DEC 31, 2012	CALIFORNIA FORM	460
	Page <u>3</u> of <u>5</u>	

NAME OF FILER: **ESTEVEZ FOR MAYOR 2012** I.D. NUMBER: **FPPC # 1323566**

Contributions received		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$15,768.25	\$48,631.37
2. Loans received.....	<i>Schedule B, Line 3</i>	-\$3,193.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$12,575.25	\$48,631.37
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$12,575.25	\$48,631.37

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

- NOT APPLICABLE

Expenditures made		Column A	Column B
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$13,498.07	\$28,503.31
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$13,498.07	\$28,503.31
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$13,498.07	\$28,503.31

**Expenditure Limit Summary for State
Candidates**

- NOT APPLICABLE

Current Cash Statement		
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$21,394.44
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$12,575.25
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$13,498.07
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$20,471.62

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.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2*

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	OCT 21, 2012	
through	DEC 31, 2012	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Esteves for Mayor 2012		1323566

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
-----please see attached sheet-----				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>\$13,341.80</u>
2. Unitemized payments made this period of under \$100	\$	<u>\$156.27</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>\$13,498.07</u>

PAYEE	ADDRESS OF PAYEE					DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP	CODE or		
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT	Printing - flyers/mailers	\$1,939.91
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		Ad - Oct 26 issue	\$872.10
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		Ad - Nov 2 issue	\$872.10
Jose Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - copying and printing	\$538.33
Jose Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - City facilities rental	\$180.00
Jose Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - event insurance (City of Milpitas)	\$131.15
Al Garcia	801 Oxen St	Paso Robles	CA	93446		campaign management/consultation; reimburse	\$5,000.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - food; misc expenses	\$1,234.41
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - telephone expenses	\$300.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035		reimbursement - campaign T-shirts	\$250.00
Victoria Square Association	Calaveras Blvd	Milpitas	CA	95035		misc Campaign office expense (rent)	\$100.00
Ralph Abaya	5646 Hughes Pl	Fremont	CA	94538		graphic arts services	\$500.00
Nonato Esteves	406 N Park Victoria Dr	Milpitas	CA	95035		yard signs storage	\$500.00
Rajeev Madnawat	1431 Arizona Ave	Milpitas	CA	95035		telephone - robocall	\$400.00
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035		Thank You ad -	\$523.80

TOTAL (>\$100) \$13,341.80

Miscellaneous expenses (<\$100; food, supplies, utilities, etc) \$156.27

TOTAL EXPENSES \$13,498.07

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office JAN 31 2013	Page <u>1</u> of <u>9</u>
RECEIVED	For Official Use Only

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 31, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 6, 2012</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 263 1153

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

-same-

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

-none-

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 31 Jan 2013

Executed on Jan 31 13

Executed on _____

Executed on _____

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE <u>Jose S Esteves</u>			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <u>Mayor, City of Milpitas</u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
<u>825 Canada Dr</u>	<u>Milpitas</u>	<u>CA</u>	<u>95035</u>

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 <u>not applicable</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>not applicable</u>		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>not applicable</u>	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Statement covers period	CALIFORNIA	460
from OCT 21, 2012 through DEC 31, 2012	FORM	
Page <u>3</u> of <u>9</u>		

NAME OF FILER: **ESTEVES FOR MAYOR 2012** I.D. NUMBER: **FPPC # 1323566**

Contributions received		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$15,768.25	\$48,631.37
2. Loans received.....	<i>Schedule B, Line 3</i>	-\$3,193.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$12,575.25	\$48,631.37
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	<i>Add Lines 3 + 4</i>	\$12,575.25	\$48,631.37

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

- NOT APPLICABLE

Expenditures made		Column A	Column B
6. Payments Made.....	<i>Schedule E, Line 4</i>	\$14,687.08	\$29,692.32
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$14,687.08	\$29,692.32
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$14,687.08	\$29,692.32

**Expenditure Limit Summary for State
Candidates**

- NOT APPLICABLE

Current Cash Statement		
12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$21,394.44
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$12,575.25
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$14,687.08
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$19,282.61

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.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2*

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 21, 2012</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>9</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Esteves for Mayor 2012

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)
	<u>— Please see attached sheets —</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

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

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

Date	Full Name		Address and Zip Code				Contri- buter	Occupation	Employer	Amount Received	Cum to date Calendar Year
Received	FirstName	LastName	Street	City	State	ZIP	Code		This Period	Jan 1- Dec 31	
10/22/2012	Jan	Abad	44802 Osgood Rd	Fremont	CA	94539	IND	Registered Nurse	Kaiser	\$100.00	\$100.00
10/22/2012	Gene	Abella	255 Balboa Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$200.00
10/22/2012	Antonio	Abiog	616 Fawn Ridge Ct	San Ramon	CA	94582	IND	Retired		\$100.00	\$100.00
10/22/2012	Muna	Adhikaru	1 Tanbark Ct	Novato	CA	94945	IND	RN	Kindred Hospital	\$250.00	\$250.00
10/22/2012	Mohammed	Akhtar	97 Images Cir	Milpitas	CA	95035	IND	Engineer	BioRad	\$100.00	\$100.00
10/22/2012	Aslam	Ali	6698 Hampton Dr	San Jose	CA	95120	IND	Self-employed	Golden Investments	\$250.00	\$250.00
11/2/2012	Monalisa	Anonuevo	191 White Ct	Milpitas	CA	95035	IND	Software Engineer	Micron Technologies	\$100.00	\$100.00
10/29/2012	Alicia	Arevalo-Marcos	200 Serra Way, Unit 20	Milpitas	CA	95035	IND	Dentist	Arevalo-Marcos Dental Care	\$100.00	\$100.00
10/22/2012	Asiya	Asif	1009 E Capitol Expwy, Ste 531	San Jose	CA	95121	IND	Accounting	Logitech	\$100.00	\$100.00
10/22/2012	Max	Bautista	1009 E Capitol Expwy, Ste 531	San Jose	CA	95121	IND	Dentist	Maxsmile Dentistry	\$100.00	\$100.00
10/22/2012	Francis	Burga	2586 E Trimble Rd	San Jose	CA	95132	IND	Director	Glide/Write	\$250.00	\$250.00
10/22/2012	Rody	Cabuslay	888 Gregory Ct	Fremont	CA	94539	IND	Retired		\$100.00	\$100.00
11/1/2012	Ted	Castro	3278 Noble Ave	San Jose	CA	95132	IND	Chess coach	House of Chess	\$100.00	\$100.00
11/2/2012	Jaskiran	Chahal	44825 Dusty Rd	Lancaster	CA	93536	IND	Director	Keran Chandane	\$250.00	\$250.00
10/29/2012	Reuben	Chen	853 Commodore Dr	San Bruno	CA	94066	IND	Financial Planner	Wellspring Consulting	\$150.00	\$150.00
10/30/2012	Sok	Chio	2000 W Brovelli Woods Ln	Acampo	CA	95220	IND	Designer	Steinberg Architects	\$200.00	\$200.00
10/22/2012	Yu-Lan	Chou	1535 Landess Ave, Ste 142	Milpitas	CA	95035	IND	Software Manager	Innovative Interfaces, Inc	\$100.00	\$100.00
10/22/2012	Jack	Cox	5592 Forbes Dr	Newark	CA	94560	IND	Retired		\$250.00	\$250.00
10/29/2012	David	Do	3891 Blue Gum Dr	San Jose	CA	95127	IND	Property Mgr	Serra Shopping Center	\$250.00	\$250.00
10/29/2012	Minh	Duong	48824 Deer View Ter	Fremont	CA	94539	IND	Self-employed	MHD Furniture	\$250.00	\$250.00
10/29/2012	Cynthia	Duong	48824 Deer View Ter	Fremont	CA	94539	IND	Self-employed	MHD Furniture	\$250.00	\$250.00
10/26/2012	Delia	Ebba	778 Kevenaire Dr	Milpitas	CA	95035	IND	Registered Nurse	SC Valley Medical Center	\$100.00	\$100.00
10/31/2012	Wing	Eng	304 S Abel St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/23/2012	Roberto	Espejo	400 S Main St	Milpitas	CA	95035	IND	Dentist	Parktown Dental Care	\$200.00	\$200.00
10/22/2012	Lita	Esteves	4818 Lemona Ave	Sherman Oaks	CA	91413	IND	Retired		\$100.00	\$100.00
11/1/2012	Carlos	Ferreros	5025 Gazania Dr	San Jose	CA	95111	IND	Consultant	Pan Asian Trading	\$100.00	\$100.00
10/22/2012	David	Fisher	1618 Calera Creek Heights Dr	Milpitas	CA	95035	IND	VP, Property Management	RPM Co	\$250.00	\$250.00
11/2/2012	Tony	Gabucan	1318 N Hillview Dr	Milpitas	CA	95035	IND	Manager	Gabucan Family Dentistry	\$100.00	\$100.00
10/22/2012	Susan	Galvan	788 Barber Lane	Milpitas	CA	95035	IND	Owner	Our Lady of Manoaog Care Home	\$100.00	\$100.00
10/22/2012	Donnie	Garibaldi	788 Barber Lane	Milpitas	CA	95035	IND	Pres, Property Management	RPM Co	\$250.00	\$250.00
11/2/2012	Schaun	Gaucan	698 N Park Victoria	Milpitas	CA	95035	IND	Dentist	Schaun Chan Gabucan, DMD, Inc	\$250.00	\$250.00
10/31/2012	Gopi	Godhwani	1551 Landess Ave	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00
10/31/2012	Khemo	Godhwani	644 N Hillview Dr	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00
11/4/2012	Mario	Gutierrez	782 Terra Bella Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/22/2012	Ying Ying	Guy	1423 Hamilton Ave	Palo Alto	CA	94301	IND	Self-employed	Kumon of Milpitas	\$250.00	\$250.00
10/22/2012	Joe	Herradura	460 Capella Way	Milpitas	CA	95035	IND	CEO	Joe's Auto Service Center	\$250.00	\$250.00
10/22/2012	Shams	Hussain	2358 Pheasant Run Circle	Stockton	CA	95207	IND	Housewife		\$250.00	\$250.00
10/22/2012	Reynaldo	Joanani	969 Buena Vista West	San Francisco	CA	94117	IND	Retired		\$100.00	\$100.00
10/31/2012	Manjit	Kaur	5245 Poppy Hills Cir	Stockton	CA	95219	IND	Retired		\$250.00	\$250.00
10/27/2012	Kam	Lau	1618 Calera Creek Heights Dr	Milpitas	CA	95035	IND	Retired		\$150.00	\$150.00
11/3/2012	Mandy	Lin	4208 Chaboya Rd	San Jose	CA	95148	IND	Self-employed	Music Land	\$250.00	\$250.00
11/3/2012	Sheng	Lin	554 Cypress Ave	Sunnyvale	CA	94085	IND	Self-employed	Music Land	\$250.00	\$250.00
10/30/2012	John	Luk	301 Rolph St	San Francisco	CA	94112	IND	Real Estate Broker	C&D Commercial	\$200.00	\$200.00
10/22/2012	Richard	Mecua	832 Dartmouth St	San Francisco	CA	94134	IND	Dentist	Landess Dental Care Center	\$200.00	\$200.00
10/22/2012	Syed	Mohsin	2604 Declaration Dr	San Jose	CA	95116	IND	Mechanical engr	Brocade Communications	\$100.00	\$100.00
10/22/2012	Levie	Montes	3545 El Camino Real #2F	Palo Alto	CA	94306	IND	Retired		\$100.00	\$100.00
10/22/2012	Charles	Munger	3645 Divisadero St	San Francisco	CA	94123	IND	Physicist	Stanford Linear Accelerator Center	\$250.00	\$250.00
10/21/2012	Mohammad	Nada	334 Langton Ave	Los Altos	CA	94022	IND	Engineer	BioRad	\$100.00	\$100.00
10/22/2012	Robert	Pfeil	185 Butcher Rd	Vacaville	CA	95687	IND	VP, Property Acq	RPM Co	\$250.00	\$250.00
10/30/2012	Achelle	Punla	6319 Pleasants Valley Rd	Vacaville	CA	95688	IND	Self-employed	Delarch, Inc.	\$100.00	\$100.00
10/22/2012	Luis	Santos	2656 Somersville Rd	Antioch	CA	94509	IND	Physician	Kaiser	\$100.00	\$100.00
10/31/2012	Pritpal	Singh	2656 Somersville Rd	Antioch	CA	94509	IND	CEO	SinghSemi	\$250.00	\$250.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri-			Amount	Cum to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	This Period	Jan 1- Dec 31
10/22/2012	Daniel	Smith	255 Shoreline Dr, Ste 428	Redwood City	CA	94065	IND	Self-employed	Stucco Supply Co	\$250.00	\$250.00
10/22/2012	Oscar	Tayo	1535 Landess Ave	Milpitas	CA	95035	IND	CEO	Purglen, Inc	\$100.00	\$100.00
10/22/2012	Asif	Tharani	1765 Ringwood Ave	San Jose	CA	95131	IND	Self-employed	Cordova Market	\$250.00	\$250.00
10/22/2012	Priscilla	Ugalino	86 S Abel	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/27/2012	Khoa	Vu	134 Sweetberry Ct	San Jose	CA	95136	IND	Retired		\$250.00	\$250.00
10/22/2012	Anna	Wei	1020 12th St Ste 232	Sacramento	CA	95814	IND	Chairman	Committee for Confucius Memorial	\$100.00	\$100.00
10/22/2012	David	Wilson	3645 Divisadero St	San Francisco	CA	94123	IND	President	SBL/Alberta LLC	\$250.00	\$250.00
10/26/2012	Luisa	Yee	455 Capitol Mall, Ste 600	Sacramento	CA	95814	IND	Sr Manager	Aridis Pharmaceutical	\$100.00	\$100.00
10/22/2012	C C	Yin	442 W Calaveras Blvd	Milpitas	CA	95035	IND	Co-owner	McDonald's franchise	\$250.00	\$250.00
10/22/2012	Regina	Yin	77 Beale St	San Francisco	CA	94105	IND	Co-owner	McDonald's franchise	\$250.00	\$250.00
11/4/2012	Wenhuan	Zhang	1601 Dixon Landing Rd	Milpitas	CA	95035	IND	Self-employed	Music Land	\$250.00	\$250.00
11/4/2012	Jin Xin	Zheng	60 Pierce Ave	San Jose	CA	95110	IND	Self-employed	Music Land	\$250.00	\$250.00
10/24/2012	AI North America		14428 Big Basin Way, #A	Saratoga	CA	95070	OTH			\$250.00	\$250.00
10/24/2012	AY-GB Milpitas, LLC		1096 Creed St	Milpitas	CA	95035	OTH			\$250.00	\$250.00
10/29/2012	Bay Area Chrysanthemum Growers Assn		767 Alcosta Dr	Milpitas	CA	95035	OTH			\$250.00	\$250.00
10/27/2012	Bich Lien Beauty Care		1592 Frost Dr	San Jose	CA	95131	OTH			\$250.00	\$250.00
11/1/2012	Casa Linda Motel		6314 Whaley Dr	San Jose	CA	95135	OTH			\$100.00	\$100.00
10/22/2012	Grow Elect		48446 Spokane Pl	Fremont	CA	94539	OTH			\$250.00	\$250.00
11/21/2012	Idea Solutions		15015 Karl Ave	Monte Sereno	CA	95030	OTH			\$250.00	\$250.00
10/22/2012	Lincoln Club of Northern CA PAC, FPPC#820082		3430 Cropley Ave	San Jose	CA	95132	OTH			\$250.00	\$250.00
10/29/2012	New King Eggroll II, Inc		7216 Mission St	Milpitas	CA	95035	OTH			\$250.00	\$250.00
10/22/2012	PG&E		238 Images Cir	Milpitas	CA	95035	OTH			\$200.00	\$200.00
10/22/2012	Republic Services, Inc.		876 Hermiston Dr	San Jose	CA	95136	OTH			\$250.00	\$250.00
10/30/2012	Steinberg Architects		290 Enriquez St	Milpitas	CA	95035	OTH			\$250.00	\$250.00
10/22/2012	Wilson Management		16 Pisa Ct	S San Francisco	CA	94080	OTH			\$250.00	\$250.00

TOTAL (>=\$100) \$14,450.00

TOTAL (<\$100; 53 contributors) \$1,318.25

TOTAL contributions \$15,768.25

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 31, 2012</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>9</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

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
<u>Jose S. Esteves</u> <u>825 Canada Dr.</u> <u>Milpitas CA 95035</u>		<u>3193-</u>	<u>0</u>	<input checked="" type="checkbox"/> PAID <u>\$ 3193</u> <input type="checkbox"/> FORGIVEN	<u>0</u>	<u>0</u> % <u>0</u>	<u>3193</u> <u>8/15/2012</u>	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ <u>0</u>	\$ <u>0</u>	\$ <u>3193</u>	\$ <u>0</u>	\$ <u>0</u>		

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 \$ 3193
(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 \$ -3193
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

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

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>OCT 21, 2012</u> through <u>DEC 31, 2012</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>9</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

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
<u>Please see attached sheet</u>			

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

SUBTOTAL \$

Schedule E Summary

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

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP				
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131		LIT	Printing - flyers/mailers	\$1,939.91
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Ad - Oct 26 issue	\$872.10
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Ad - Nov 2 issue	\$872.10
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - copying and printing	\$538.33
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - City facilities rental	\$180.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - food, supplies	\$600.03
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - food, supplies	\$588.98
Jose Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - event insurance (City of Milpitas)	\$131.15
Al Garcia	801 Oxen St	Paso Robles	CA	93446			campaign management/consultation; reimburse	\$5,000.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - food; misc expenses	\$1,234.41
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - telephone expenses	\$300.00
Susan Esteves	825 Canada Dr	Milpitas	CA	95035			reimbursement - campaign T-shirts	\$250.00
Victoria Square Association	Calaveras Blvd	Milpitas	CA	95035			misc Campaign office expense (rent)	\$100.00
Ralph Abaya	5646 Hughes Pl	Fremont	CA	94538			graphic arts services	\$500.00
Nonato Esteves	406 N Park Victoria Dr	Milpitas	CA	95035			yard signs storage	\$500.00
Rajeev Madnawat	1431 Arizona Ave	Milpitas	CA	95035			telephone - robocall	\$400.00
Milpitas Post	59 Marylinn Dr	Milpitas	CA	95035			Thank You ad -	\$523.80

TOTAL (>\$100) \$14,530.81

Miscellaneous expenses (<\$100; food, supplies, utilities, etc) \$156.27

TOTAL EXPENSES \$14,687.08

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office DEC 26 2012 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>4</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01 Jul 2012
through 30 Sep 2012

Date of election if applicable:
(Month, Day, Year)
Nov 6, 2012

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

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

2. Type of Statement:

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

1) Sched A: update info on donor Ba Daw
2) Sched E: complete / provide missing info

3. Committee Information

I.D. NUMBER
1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408 263 1153

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

- Same -

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE
Milpitas CA 95035 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

- none -

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 06 Dec 2012
Date

By Arsenio R Iloreta
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jose S Esteves

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Milpitas

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
825 Canada 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 <u>- not applicable -</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
- not applicable -

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PRORONENT

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 <u>- not applicable -</u>	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

SCHEDULE A DATA
 MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri- butor	Occupation	Employer	Amount Received	Cum to date Calendar Year
Received	FirstName	LastName	Street	City	State	ZIP	Code			This Period	Jan 1- Dec 31
8/30/2012	Ba	Daw	55 Saint Elmo Way	San Francisco	CA	94127	IND	Retired		\$250.00	\$250.00

SCHEDULE E DATA
PAYMENTS MADE

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP			PAID
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Candidate Statement of Qualification	\$3,193.00
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT	Campaign - envelopes/tickets	\$661.11
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$256.80
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$227.92
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Park rental: Sep 2 Kick-off	\$60.00
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035		Park rental: Oct 7 campaign event	\$120.00
Victorian Square	1927 E Calaveras Blvd	Milpitas	CA	95035		Campaign office rental	\$100.00
Jose Leuterio	323 So 23rd St	San Jose	CA	95116		Campaign T-shirt printing	\$250.00
SNA Newsletter	260 Boulder St	Milpitas	CA	95035		Advertisement (shared)	\$75.00
Copy World Printing	1375 University Ave	Berkeley	CA	94702		Postcards/fliers	\$538.33
							\$5,482.16

Misc expenses < \$100: kickoff food expenses, campaign meeting meals; supplies

\$600.03

\$6,082.19

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office OCT 25 2012 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>8</u>
	For Official Use Only

Statement covers period
from 01 OCT 2012
through 20 OCT 2012

Date of election if applicable:
(Month, Day, Year)
Nov 6, 2012

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408 263 1153

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

- Same -

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

- none -

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 25 Oct 2012
Date

Executed on Oct 25 12
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460	
Page <u>2</u> of <u>8</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE <u>Jose S Esteves</u>				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <u>Mayor, City of Milpitas</u>				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
<u>825 Canada Dr</u>	<u>Milpitas</u>	<u>CA</u>	<u>95035</u>	

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 <u>not applicable</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>not applicable</u>		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>not applicable</u>	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from OCT 1, 2012 through OCT 20, 2012	FORM	
Page <u>3</u> of <u>8</u>		

NAME OF FILER
ESTEVEZ FOR MAYOR 2012

I.D. NUMBER
FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	<i>Schedule A, Line 3</i>	\$20,444.12	\$32,863.12
2. Loans received.....	<i>Schedule B, Line 3</i>	\$0.00	\$3,193.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$20,444.12	\$36,056.12
4. Nonmonetary contributions.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$20,444.12	\$36,056.12

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$8,923.05	\$15,005.24
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$8,923.05	\$15,005.24
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$8,923.05	\$15,005.24

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	<i>Previous Summary Page, Line 16</i>	\$9,873.37
13. Cash receipts.....	<i>Column A, Line 3 above</i>	\$20,444.12
14. Miscellaneous Increases to Cash...	<i>Schedule I, Line 4</i>	\$0.00
15. Cash Payments.....	<i>Column A, Line 8 above</i>	\$8,923.05
16. ENDING CASH BALANCE.....	<i>Add Lines 12+13+14, then subtract Line 15</i>	\$21,394.44

To calculate Column B, add amounts in column A to the corresponding amounts from column B of your last report.

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

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2*

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$0.00
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$3,193.00

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01 OCT 2012
through 20 OCT 2012

CALIFORNIA FORM 460

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Esteves for Mayor 2012

I.D. NUMBER 1323566

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)
	Please see attached sheets	<input type="checkbox"/> IND				
		<input type="checkbox"/> COM				
		<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
		<input type="checkbox"/> IND				
		<input type="checkbox"/> COM				
		<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				
		<input type="checkbox"/> IND				
		<input type="checkbox"/> COM				
		<input type="checkbox"/> OTH				
		<input type="checkbox"/> PTY				
		<input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,450.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 5,994.12
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 20,444.12

*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 DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name		Address and Zip Code				Contri- buter Code	Occupation	Employer	Amount Received This Period	Cum to date Calendar Year Jan 1- Dec 31
	FirstName	LastName	Street	City	State	ZIP					
10/15/2012	Gene	Abella	303 Titleist Ct	San Jose	CA	95127	IND	Retired		\$100.00	\$100.00
10/7/2012	Josefina	Ablaza	603 Carlsbad St	Milpitas	CA	95035	IND	Facilities Coordinator	SAP	\$250.00	\$250.00
10/7/2012	Ricardo	Ablaza	603 Carlsbad St	Milpitas	CA	95035	IND	Realtor	First Pacific Real Estate	\$250.00	\$250.00
10/7/2012	John	Abordo	9707 Laredo Way	Gilroy	CA	95020	IND	Podiatrist	Abordo Clinic	\$200.00	\$200.00
10/7/2012	Esther	Agbuya	1302 Acadia Ave	Milpitas	CA	95035	IND	Marketing Director	World Financial Gp	\$100.00	\$100.00
10/7/2012	Ashok	Aggarwal	22525 Salem Ave	Cupertino	CA	95014	IND	CEO	Teamsoft Technologies LLC	\$250.00	\$250.00
10/7/2012	Ana	Andres	2967 Artistry Ct	Las Vegas	NV	89117	IND	Realtor	5 Aces Property Management	\$100.00	\$100.00
10/7/2012	Josie	Andres	663 Azara Pl, Apt 1	Sunnyvale	CA	94086	IND	Retired		\$100.00	\$100.00
10/15/2012	Maria Elena	Bangoy	1859 Canton Dr	San Jose	CA	95123	IND	Business owner	Greenwealth Investments	\$100.00	\$100.00
10/7/2012	Daisy	Biala	250 Tramway Dr	Milpitas	CA	95035	IND	Realtor	Cal-Neva Realty	\$100.00	\$100.00
10/15/2012	Thelma	Boac	839 Clearview Dr	San Jose	CA	95133	IND	Adjunct Professor	SJSU	\$100.00	\$100.00
10/7/2012	Lumy	Cacao	386 Martil Way	Milpitas	CA	95035	IND	Realtor	BNG Realty	\$50.00	\$250.00
10/7/2012	Melba	Cawit	32116 Alvarado Blvd	Union City	CA	94587	IND	Lawyer	Cawit Law Office	\$200.00	\$200.00
10/15/2012	Jennifer	Chen	606 N 1st St	San Jose	CA	95112	IND	Manager	JC Investment Consulting Inc	\$100.00	\$100.00
10/7/2012	Jin-Hwei	Chen	12222 Terrance Ave	Saratoga	CA	95070	IND	Owner	Jin's Mental Arithmetic Academy	\$200.00	\$200.00
10/15/2012	Myriam	Chen	1715 - 16th Ave	San Francisco	CA	94122	IND	Self-employed	ABC Motors	\$200.00	\$200.00
10/7/2012	Lawrence	Ciardella	634 Santos Ct	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Lucita	Cortez	690 Glen Ct	Milpitas	CA	95035	IND	Vice President	Cortez Electric	\$100.00	\$100.00
10/7/2012	Jean	Damasco	5422 Manderston Dr	San Jose	CA	95138	IND	Pharmacist	Kaiser	\$200.00	\$200.00
10/15/2012	Mike	De Guzman	322 Ramona Ave	Cupertino	CA	94530	IND	Civil Engineer	Guzman Engineering	\$100.00	\$100.00
10/7/2012	Estelita	De Leon	712 Corinthia Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Imelda	De Leon	1350 Country Club Dr	Milpitas	CA	95035	IND	Proprietor	De Leon Enterprises, LLC	\$250.00	\$250.00
10/15/2012	Victor	De Leon	1350 Country Club Dr	Milpitas	CA	95035	IND	Owner	De Leon Enterprises, LLC	\$250.00	\$250.00
10/7/2012	Vicky	Del Rosario	327 Moretti Ln	Milpitas	CA	95035	IND	Homemaker		\$100.00	\$100.00
10/15/2012	Rajendra	Deshpanday	191 White Ct	Milpitas	CA	95035	IND	Owner	Deshpanday Holdings (USA), LLC	\$250.00	\$250.00
10/15/2012	Tony	Dinh	3111 McLaughlin Ave	San Jose	CA	95121	IND	Broker	Century A Network	\$250.00	\$250.00
10/7/2012	German	Galvan	40 Images Cir	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00
10/7/2012	Leonita	Garcia	4442 Heppner Ln	San Jose	CA	95136	IND	Retired		\$100.00	\$100.00
10/15/2012	Victorina	Gatdula	1881 Findley Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Dinesh	Gupta	1159 El Camino Higuera	Milpitas	CA	95035	IND	Retired		\$150.00	\$150.00
10/7/2012	Rudy	Halili	685 Quince Ln	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Marcelo	Herradura	340 Carnegie Dr	Milpitas	CA	95035	IND	Fab operator	Headway Technologies	\$100.00	\$100.00
10/15/2012	Vennie	Holloway	335 Coelho St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	George	Hsieh	47671 Westinghouse Dr	Fremont	CA	94539	IND	President	Northwestern Polytechnic Univ	\$200.00	\$200.00
10/15/2012	Christine	Hu	44880 Sioux Terrace	Fremont	CA	94589	IND	Homemaker		\$250.00	\$250.00
10/15/2012	Limin	Hu	44880 Sioux Terrace	Fremont	CA	94589	IND	CTO	Ellie Mae Software Co	\$250.00	\$250.00
10/15/2012	Jane	Jin	1818 Clear Lake Ave	Milpitas	CA	95035	IND	CFO	Milpitas Star Aquatics	\$250.00	\$250.00
10/15/2012	Karen	Kam	668 Barber Ln	Milpitas	CA	95035	IND	Vice President	Ulferts Center	\$250.00	\$250.00
10/7/2012	Kusum	Kejriwal	821 Anacapa Ct	Milpitas	CA	95035	IND	Director	BK Center	\$250.00	\$250.00
10/15/2012	Yong Shin	Kim	3707 Williams Rd	San Jose	CA	95117	IND	Retired		\$100.00	\$100.00
10/15/2012	Jayaram	Komati	547 Santa Rita Dr	Milpitas	CA	95035	IND	Business owner	Swagat	\$250.00	\$250.00
10/7/2012	Danny	Lau	646 Hamilton Ave	Milpitas	CA	95035	IND	Program Manager	Juniper Networks	\$150.00	\$150.00
10/15/2012	Yorkee	Lee	1818 Clear Lake Ave	Milpitas	CA	95035	IND	Manager	Milpitas Star Aquatics	\$250.00	\$250.00
10/7/2012	Yvonne	Lindo	1631 Kennedy Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Efren	Llacer	3673 Kvistad Dr	Fremont	CA	94538	IND	Retired		\$100.00	\$100.00
10/7/2012	Edgardo	Lorenzo	118 Ayer Ln	Milpitas	CA	95035	IND	Realtor	Lorenzo Real Estate Group	\$100.00	\$100.00
10/7/2012	Francisco	Lozano	1868 Biscayne Way	San Jose	CA	95122	IND	Retired		\$100.00	\$100.00
10/15/2012	Jesus	Luna	1873 Forest Ct	Milpitas	CA	95035	IND	Assistant Manager	Cordova Market	\$250.00	\$250.00
10/15/2012	Leah	Macabinta	801 Los Positos Dr	Milpitas	CA	95035	IND	R&D Maintenance Specialist	Seagate	\$100.00	\$100.00
10/7/2012	Diosdado	Macaraeg	4733 Mountaire Ct	San Jose	CA	95138	IND	Manager	Macaraeg Dental Office	\$100.00	\$100.00
10/15/2012	Marcelo	Macaranas	3126 Cunningham Lake Ct	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Olivia	Magno	33378 Alvarado Niles Rd	Union City	CA	94587	IND	Dentist	Central Plaza Dental	\$250.00	\$250.00

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Date Received	Full Name		Address and Zip Code				Contri- butor Code	Occupation	Employer	Amount Received This Period	Cum to date Calendar Year Jan 1- Dec 31
	FirstName	LastName	Street	City	State	ZIP					
10/15/2012	Ricardo	Martinez	666 Evans Rd	Milpitas	CA	95035	IND	Retired		\$200.00	\$200.00
10/7/2012	Joey	McCarthy	126 University Ave	Los Gatos	CA	95030	IND	Real Estate Developer	McCarthy Ranch	\$250.00	\$250.00
10/15/2012	Tomas	Mendoza	1351 Minnis Cir	Milpitas	CA	95035	IND	Owner	Laguna Auto Body Inc	\$200.00	\$200.00
10/7/2012	Melanie	Mize	622 Albion Dr	San Jose	CA	95136	IND	Homemaker		\$100.00	\$100.00
10/7/2012	Mila	Morga	390 Timber Way	Milpitas	CA	95035	IND	Activity Director	Mount Pleasant Nursing	\$50.00	\$150.00
10/7/2012	Mohammad	Munir	310 S Milpitas Blvd	Milpitas	CA	95035	IND	Entrepreneur/Owner	Skylite Communications	\$200.00	\$200.00
10/15/2012	Seema	Nair	148 Serenity Pl	Milpitas	CA	95035	IND	Director	Global Anchorage	\$250.00	\$250.00
10/15/2012	Binh Khac	Nguyen	3020 Oakbridge Dr	El Cerrito	CA	95121	IND	Retired		\$100.00	\$100.00
10/15/2012	Tuong	Nguyen	540 Clauser Dr	Milpitas	CA	95035	IND	Product Marketing Mgr	Sigma Designs Inc	\$100.00	\$100.00
10/15/2012	Ramon	Ocampo	2727 McKee Rd	San Jose	CA	95127	IND	Dentist	Ramon Ocampo Dental Corp	\$250.00	\$250.00
10/15/2012	Michael	Preston	133 Bothelo Ave	Milpitas	CA	95035	IND	President	Preston Pipelines Inc	\$250.00	\$250.00
10/15/2012	Erlinda	Quitevis	245 N Hillview Dr	Milpitas	CA	95035	IND	Vice President	Q5 Engineering	\$100.00	\$200.00
10/15/2012	Claro	Rabago	1739 Cape Coral Dr	San Jose	CA	95133	IND	Retired		\$100.00	\$100.00
10/15/2012	KC	Rabindra	1491 S Main St	Milpitas	CA	95035	IND	Manager	Jerry's Market	\$250.00	\$250.00
10/15/2012	Evelyn	Ramirez	1096 Creed St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Andre	Ramones	767 Alcosta Dr	Milpitas	CA	95035	IND	Radiation therapist	Kaiser	\$250.00	\$250.00
10/15/2012	Andy	Ramones	1592 Frost Dr	San Jose	CA	95131	IND	Retired		\$100.00	\$100.00
10/7/2012	Susan	Ravenstein	6314 Whaley Dr	San Jose	CA	95135	IND	Retired		\$100.00	\$100.00
10/15/2012	Elisa	Reyes	48446 Spokane Pl	Fremont	CA	94539	IND	Nurse	Kaiser	\$100.00	\$100.00
1/15/1900	Mark	Robson	15015 Karl Ave	Monte Sereno	CA	95030	IND	President	Robson Homes	\$250.00	\$250.00
10/15/2012	Teresa	Rondaris	7430 Croypley Ave	San Jose	CA	95132	IND	Retired		\$150.00	\$150.00
10/15/2012	Ray	Satorre	7216 Mission St	Milpitas	CA	95035	IND	Business owner	Health Professionals, Inc.	\$200.00	\$200.00
10/7/2012	Rohit	Sharma	238 Images Cir	Milpitas	CA	95035	IND	Software engineer		\$100.00	\$100.00
10/7/2012	Naseer	Siddique	876 Hermiston Dr	San Jose	CA	95136	IND	President	Lakeshore Financial Inc	\$100.00	\$100.00
10/15/2012	Maria	Soriano	290 Enriquez St	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
10/15/2012	Puri	Soriben	16 Pisa Ct	S San Francisco	CA	94080	IND	Engineer	Bechtel	\$100.00	\$100.00
10/7/2012	Elvie	Teodoro	1842 Shady Grove Pl	San Jose	CA	95138	IND	Owners	Evergreen Studio of Music & Arts	\$100.00	\$100.00
10/7/2012	Ricardo	Velasco	1282 Nieves Ct	Milpitas	CA	95035	IND	Claims examiner	United Administrative Services	\$50.00	\$100.00
10/15/2012	Sridevi	Vemuri	3299 Glencoe Cir	San Ramon	CA	94582	IND	Tech Team Lead	Accenture	\$100.00	\$100.00
10/15/2012	Veerendra	Vuppala	3400 Stevenson Blvd, F24	Fremont	CA	94538	IND	Network engineer	Sarvis Inc	\$100.00	\$100.00
10/7/2012	Dennis	Wan	2021 The Alameda, #130	San Jose	CA	95126	IND	Broker	DW Investments	\$100.00	\$100.00
10/15/2012	Kris	Wang	7645 Dumas Dr	Cupertino	CA	95014	IND	Homemaker		\$100.00	\$100.00
10/15/2012	Alan	Wong	2760 Churchill Dr	Hillsborough	CA	94010	IND	President	Jade Galore	\$250.00	\$250.00
10/15/2012	CA League Of Conservation Voters		PO Box 2079	San Jose	CA	95109	OTH			\$250.00	\$250.00
10/15/2012	Cordova Market		301 Rolph St	San Francisco	CA	94112	OTH			\$250.00	\$250.00
10/15/2012	Fast n Easy Mart		2101 El Camino Ave	Sacramento	CA	95821	OTH			\$250.00	\$250.00
10/15/2012	Leland Market Corporation		11520 Jefferson Blvd, Ste 224	Culver City	CA	90230	OTH			\$250.00	\$250.00
10/15/2012	McCarthy Ranch		15425 Los Gatos Blvd, Ste 102	Los Gatos	CA	95032	OTH			\$250.00	\$250.00

TOTAL (>=\$100) \$14,450.00

TOTAL (<\$100; 119 contibutors) \$5,994.12

TOTAL contributions \$20,444.12

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>01 OCT 2012</u> through <u>20 OCT 2012</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>8</u>
	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

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
<i>— Please see attached sheet —</i>			

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>8,334.07</u>
2. Unitemized payments made this period of under \$100	\$ <u>588.98</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>8,923.05</u>

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP			
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$302.61
Milpitas Post	59 Marylenn Dr	Milpitas	CA	95035		Advertisement (sticker); share of cost	\$333.33
Rajeev Madnawat	1431 Arizona Ave	Milpitas	CA	95035	LIT	Campaign sign/door hanger (share of cost)	\$161.66
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT	Printing - flyers/mailers (share of cost)	\$968.12
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898 (share of cost)	\$941.90
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898 - additional deposit	\$500.00
Milpitas Post	59 Marylenn Dr	Milpitas	CA	95035		Advertisement - 10/9 issue	\$523.80
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$300.00
Milpitas Post	59 Marylenn Dr	Milpitas	CA	95035		Advertisement	\$872.10
USPS	450 S Abel St	Milpitas	CA	95035	POS	Permit #898	\$2,000.00
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT	Printing - flyers/mailers	\$1,430.55

TOTAL (>\$100) \$8,334.07

Miscellaneous expenses (<\$100; food and supplies, etc) \$588.98

TOTAL EXPENSES \$8,923.05

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office	
OCT - 5 2012	Page <u>1</u> of <u>9</u>
RECEIVED	For Official Use Only

Statement covers period from <u>01 Jul 2012</u> through <u>30 Sep 2012</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 6, 2012</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 263 1153

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

same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 04 Oct 2012

Executed on 04 Oct 2012

Executed on _____

Executed on _____

By Arsenio R Iloreta

Signature of Treasurer or Assistant Treasurer

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA
FORM **460**
Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jose S Esteves

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Milpitas

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
825 Canada 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 <u>- not applicable -</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
- not applicable -

BALLOT NO. OR LETTER <u>✓</u>	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>- not applicable -</u>	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period	CALIFORNIA	460
from JUL 1, 2012	FORM	
through SEP 30, 2012	Page <u>3</u> of <u>9</u>	

NAME OF FILER

ESTEVEZ FOR MAYOR 2012

I.D. NUMBER

FPPC # 1323566

Contributions received

		Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary contributions.....	Schedule A, Line 3	\$12,419.00	\$12,419.00
2. Loans received.....	Schedule B, Line 3	\$3,193.00	\$3,193.00
3. SUBTOTAL CASH CONTRIBUTIONS....	Add Lines 1 + 2	\$15,612.00	\$15,612.00
4. Nonmonetary contributions.....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED....	Add Lines 3 + 4	\$15,612.00	\$15,612.00

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

- NOT APPLICABLE

Expenditures made

6. Payments Made.....	Schedule E, Line 4	\$6,082.19	\$6,082.19
7. Loans Made.....	Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$6,082.19	\$6,082.19
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$6,082.19	\$6,082.19

Expenditure Limit Summary for State

Candidates

- NOT APPLICABLE

Current Cash Statement

12. Beginning cash balance.....	Previous Summary Page, Line 16	\$343.56
13. Cash receipts.....	Column A, Line 3 above	\$15,612.00
14. Miscellaneous Increases to Cash...	Schedule I, Line 4	\$0.00
15. Cash Payments.....	Column A, Line 8 above	\$6,082.19
16. ENDING CASH BALANCE.....	Add Lines 12+13+14, then subtract Line 15	\$9,873.37

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.

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$3,193.00

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01 Jul 2012
through 30 Sep 2012

CALIFORNIA FORM 460

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Estevos for Mayor 2012

I.D. NUMBER
1323566

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)
	<u>Please see attached form, Schedule A Data</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,800 -

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,619 -

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,419

***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 DATA
MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri- buter			Amount Received	Cum to date Calendar Year
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	This Period	Jan 1- Dec 31
9/2/2012	Jose, Jr.	Ajero	213 Summerfield Dr	Milpitas	CA	95035	IND	Operations Manager	TE Connectivity	\$100.00	\$100.00
9/2/2012	Mercedes	Albana	929 Canada Dr	Milpitas	CA	95035	IND	Broker	American Gateway	\$250.00	\$250.00
9/2/2012	Trinidad	Aoalin	542 Hamilton Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/2/2012	Rudy	Asercion	1390 45th Ave	San Francisco	CA	94122	IND	Executive Director	WestBay Pilipino	\$100.00	\$100.00
8/28/2012	Fe	Biala	141 W Calaveras Blvd	Milpitas	CA	95035	IND	Dentist	Family Dental Fitness	\$200.00	\$200.00
9/2/2012	Lume	Cacao	386 Martil Way	Milpitas	CA	95035	IND	Real Estate	BNG Realty	\$200.00	\$200.00
8/30/2012	Manikandan	Chandrasekaran	1063 Morse Ave, Apt 15-108	Sunnyvale	CA	94089	IND	Manager	Amlex Enterprises, Inc	\$250.00	\$250.00
9/16/2012	Ning-Yuan	Chang	5212 Silver Acies Ct	San Jose	CA	95138	IND	Director	A-Sharp Chorus	\$200.00	\$200.00
9/10/2012	Mendel	Cheng	15402 Poplar Springs Ln	Houston	TX	77062	IND	Salesperson	A-Rod Mercedes Benz	\$100.00	\$100.00
9/5/2012	Abhishek	Chittaluri	655 S Fairoaks Ave Apt 210	Sunnyvale	CA	94089	IND	Waiter	Anjappar Restaurant	\$250.00	\$250.00
9/2/2012	Kansen	Chu	1124 Sabal Ct	San Jose	CA	95132	IND	Councilmember	City of San Jose	\$100.00	\$100.00
9/5/2012	Paul	Cyriac	415 Yampa Way	Fremont	CA	94539	IND	Retired		\$100.00	\$100.00
8/30/2012	Ba	Daw	55 Saint Elmo Way	San Francisco	CA	94127	IND	Business Owner		\$250.00	\$250.00
8/29/2012	Amado	De Guzman	16 Corning Ave, Ste 262	Milpitas	CA	95035	IND	Self-employed	De Guzman Associates	\$200.00	\$200.00
8/30/2012	Christian	De Guzman	181 Fennel Ct	Morgan Hill	CA	95037	IND	Student		\$150.00	\$150.00
9/10/2012	Chito	De Quinto	167 Blake Ave	Santa Clara	CA	95051	IND	Business Owner	Cypress Manor RCH	\$100.00	\$100.00
9/12/2012	Patricia	Dixon	1933 Grand Teton Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/5/2012	Arjun	Donerethi	655 S Fairoaks Ave Apt 210	Sunnyvale	CA	94089	IND	Waiter	Anjappar Restaurant	\$250.00	\$250.00
9/4/2012	Yubo	Dong	72 Hedgestone Ct	Milpitas	CA	95035	IND	Sr software engineer	Thermo Fisher Scientific	\$200.00	\$200.00
9/6/2012	Jerry	Epps	1378 Mt Shasta Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
8/30/2012	Isabelita	Fernandez	3551 Madrid Dr	San Jose	CA	95132	IND	Retired		\$100.00	\$100.00
9/3/2012	Rodolfo	Fernandez	1868 Norseman Dr	San Jose	CA	95133	IND	Retired		\$200.00	\$200.00
9/2/2012	Terry	Gregory	206 Devonshire Ct	Pleasant Hill	CA	94523	IND	Retired		\$200.00	\$200.00
8/29/2012	Fe	Guzman	889 Los Positos Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/11/2012	Shin Chyi	Hsieh	52 Dunbarton Ct	San Ramon	CA	94583	IND	Software engineer	County of Santa Clara	\$100.00	\$100.00
9/5/2012	Sarbjit	Hundal, MD	45089 Cougar Terrace	Fremont	CA	94539	IND	Self-employed	Hundal Clinic	\$150.00	\$150.00
9/2/2012	Imelda	Icaro	557 Parvin Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/5/2012	Ponnuthurai	Ilavarasan	920 S Main St, Apt 411	Milpitas	CA	95035	IND	Waiter	Anjappar Restaurant	\$250.00	\$250.00
8/30/2012	Asker	Junaid	861 Rose Blossom Dr	Cupertino	CA	95014	IND	President	Amlex Enterprises, Inc	\$250.00	\$250.00
8/30/2012	Shahida	Junaid	861 Rose Blossom Dr	Cupertino	CA	95014	IND	Director	Amlex Enterprises, Inc	\$250.00	\$250.00
9/6/2012	Sharfaa	Junaid	861 Rose Blossom Dr	Cupertino	CA	95014	IND	Employee	Amlex Enterprises, Inc	\$250.00	\$250.00
9/2/2012	Lires	Liao	2343 Cascade St	Milpitas	CA	95035	IND	Teacher	Tian Tian Chinese School	\$250.00	\$250.00
9/15/2012	Cedelina	Manuel	33265 Pheasant St	Fremont	CA	94555	IND	to be provided <i>Retired</i>		\$100.00	\$100.00
9/2/2012	Shirley	Meirose	887 Del Rio Ct	Milpitas	CA	95035	IND	Business Owner	Dixon Laundry	\$100.00	\$100.00
9/2/2012	Mila	Morga	390 Timber Way	Milpitas	CA	95035	IND	Activity Director	Mount Pleasant Nursing	\$100.00	\$100.00
9/2/2012	Ngoc	Nguyen	44929 Vista del Sol	Fremont	CA	94539	IND	MD	Ngoc Nguyen, MD.	\$100.00	\$100.00
9/2/2012	Truman	Nhu	3111 McLaughlin Ave	San Jose	CA	95121	IND	Real Estate Broker	Century 21 A-1 Network	\$250.00	\$250.00
9/4/2012	John	Ogle	1472 Pashote Ct	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/4/2012	Edward	Overton	299 S Park Victoria Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/18/2012	Inocencio	Pascua	1587 Jupiter Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/12/2012	William, Jr	Poehlman	871 Founders Ln	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00
9/2/2012	Althea	Polanski	2083 Mesa Verde Dr	Milpitas	CA	95035	IND	Councilmember	City of Milpitas	\$100.00	\$100.00
9/9/2012	Allan	Quejado	868 Horcajo St	Milpitas	CA	95035	IND	Retired <i>Owner</i>	<i>Qinetiq North America</i>	\$100.00	\$100.00
9/2/2012	Erlinda	Quiervis	245 N Hillview Dr	Milpitas	CA	95035	IND	Owner	Q5 Engineering	\$100.00	\$100.00
9/5/2012	Praveen	Reddy	555 East El Camino Real Apt 70	Sunnyvale	CA	94087	IND	Waiter	Anjappar Restaurant	\$250.00	\$250.00
9/2/2012	Laura	Riffle	1909 Grand Teton Dr	Milpitas	CA	95035	IND	Sales	Paramount Ventures, Inc	\$100.00	\$100.00
8/30/2012	Mohamed	Sahabudeen	900 Pepper tree Ln, Apt 812	Santa Clara	CA	95051	IND	Finance Dir	Amlex Enterprises, Inc	\$250.00	\$250.00
8/30/2012	Mohd Abd	Salam	458 Barber Lane	Milpitas	CA	95035	IND	Manager	Wang's Kitchen LLC	\$250.00	\$250.00
9/5/2012	Selvam	Sethuraman	755 E Capitol Ave, Apt B206	Milpitas	CA	95035	IND	Manager	Anjappar Restaurant	\$250.00	\$250.00
9/2/2012	Mylah	Spears	2400 Moorpark Ave Suite 217	San Jose	CA	95128	IND	Operations Director	Health Care Alliance for Life, Inc	\$100.00	\$100.00
9/1/2012	Herminio	Sunga	232 Valley Oak Ln	Vallejo	CA	94591	IND	Councilmember	City of Vallejo	\$100.00	\$100.00
9/8/2012	Arsenia	Valdez	387 Inverness Dr	Pacifica	CA	94044	IND	Purchasing Mgr	Patrick & Co.	\$100.00	\$100.00
9/5/2012	Santhosh	Vanama	518 W J St, Apt 1	Russellville	AR	72801	IND	Waiter	Anjappar Restaurant	\$250.00	\$250.00

SCHEDULE A DATA
 MONETARY CONTRIBUTIONS RECEIVED

Date	Full Name		Address and Zip Code				Contri- buter	Occupation	Employer	Amount Received	Cum to date Calendar Year
Received	FirstName	LastName	Street	City	State	ZIP	Code			This Period	Jan 1- Dec 31
9/4/2012	John	Wong	40480 Encyclopedia Circle	Fremont	CA	94539	IND	President	Mission Peak Construction	\$250.00	\$250.00
9/2/2012	Morris	Wu	19781 Bixby Dr	Cupertino	CA	95014	IND	Retired		\$200.00	\$200.00
9/8/2012	Arline Macaraeg, DMD, Inc.		125 N Jackson Ave, Ste 207	San Jose	CA	95116	OTH			\$150.00	\$150.00
8/30/2012	Brookhurst Pham, LLC		1738 44th Ave	San Francisco	CA	94122	OTH			\$250.00	\$250.00
8/30/2012	Community First Devel Fund I, LLC		1738 44th Ave	San Francisco	CA	94122	OTH			\$250.00	\$250.00
8/30/2012	Dakshin Indian Restaurant, LLC		458 Barber Lane	Milpitas	CA	95035	OTH			\$250.00	\$250.00
8/30/2012	DDD Pham, LLC		1738 44th Ave	San Francisco	CA	94122	OTH			\$250.00	\$250.00
8/30/2012	First ICP Properties LLC		16 Corning Ave, Ste 262	Milpitas	CA	95035	OTH			\$200.00	\$200.00
9/5/2012	L&L Hawaiian Barbeque		273 West Calaveras Blvd	Milpitas	CA	95035	OTH			\$200.00	\$200.00
9/2/2012	Ryan, Shain & Co, Inc		887 Del Rio Ct	Milpitas	CA	95035	OTH			\$100.00	\$100.00
9/1/2012	Taberna Dental Corporation		282 S Main St	Milpitas	CA	95035	OTH			\$200.00	\$200.00

\$10,800.00

40 other donations < \$100 each (ave: \$40.48)

\$1,619.00

\$12,419.00

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 01 Jul 2012
through 30 Sep 2012

CALIFORNIA FORM 460

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Esteves for Mayor 2012

I.D. NUMBER
1323566

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
<u>Jose S Esteves</u> <u>825 Canada Dr</u> <u>Milpitas CA 95035</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Mayor, City of Milpitas</u>	<u>\$ 0</u>	<u>\$ 3193 -</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3193 -</u> <u>n/a</u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>\$ 3193 -</u> <u>8/15/2012</u> DATE INCURRED	CALENDAR YEAR <u>\$ 3193 -</u> PER ELECTION** <u>n/a</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u>	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR <u>\$ _____</u> PER ELECTION** <u>\$ _____</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u>	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR <u>\$ _____</u> PER ELECTION** <u>\$ _____</u>
SUBTOTALS \$								

Schedule B Summary

1. Loans received this period \$ 3193 -
(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 \$ 3193 -
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**

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

SCHEDULE E

Statement covers period from <u>01 Jul 2012</u> through <u>30 Sep 2012</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>9</u>	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Esteres for Mayor 2012

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
<u>- Please see attached sheet, Schedule E data -</u>			

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>5,482.16</u>
2. Unitemized payments made this period of under \$100	\$ <u>600.03</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>6,082.19</u>

SCHEDULE E DATA
PAYMENTS MADE

PAYEE	ADDRESS OF PAYEE					CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
	STREET	CITY	STATE	ZIP				
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035			Candidate Statement of Qualification	\$3,193.00
SL Carter Press and Service	2075 Bering Dr #M	San Jose	CA	95131	LIT		Campaign - envelopes/tickets	\$661.11
USPS	450 S Abel St	Milpitas	CA	95035	POS		Permit #898	\$256.80
USPS	450 S Abel St	Milpitas	CA	95035	POS		Permit #898	\$227.92
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035			Park rental: Sep 2 Kick-off	\$60.00
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035			Park rental: Oct 7 campaign event	\$120.00
Victoria Square	Calaveras Blvd	Milpitas	CA	95035			Campaign office rental	\$100.00
Jose Leuterio							Campaign T-shirt printing	\$250.00
SNA Newsletter		Milpitas	CA	95035			Advertisement (shared)	\$75.00
Copy World Printing	University Ave	Berkeley	CA				Postcards/fliers	\$538.33
								\$5,482.16

Misc expenses < \$100: kickoff food expenses, campaign meeting meals; supplies

\$600.03

\$6,082.19

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office OCT - 1 2012 RECEIVED	CALIFORNIA FORM 460 Page <u>1</u> of <u>3</u> For Official Use Only
---	--

Statement covers period
from 01 Jan 2012
through 30 Jun 2012

Date of election if applicable:
(Month, Day, Year)
Nov 6, 2012

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

Amendment (Explain below)
correct previous balance
(Summary Page, line 12)

3. Committee Information

I.D. NUMBER 1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408.263.1153

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

- same -

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 4089466438

NAME OF ASSISTANT TREASURER, IF ANY

- none -

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 28 Sep 2012
Date
Executed on 28 Sep 2012
Date
Executed on _____
Date
Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE <u>Jose S Esteves</u>			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <u>Mayor, City of Milpitas</u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
<u>825 Canada Dr Milpitas</u>	<u>CA</u>	<u>95035</u>	

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 <u>not applicable</u>	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <u>not applicable</u>		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>not applicable</u>	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01 Jan 2012</u> through <u>30 Jun 2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

Contributions Received

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

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

N/A

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

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

**Expenditure Limit Summary for State
Candidates**

N/A

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>343.56</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>343.56</u>

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

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp City Clerk's Office JUL 31 2012 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>01 Jan 2012</u> through <u>30 Jun 2012</u>	Date of election if applicable: (Month, Day, Year) <u>Nov. 6/2012</u>
--	---

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1323566

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

Esteves for Mayor 2012

STREET ADDRESS (NO P.O. BOX)

825 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 263 1153

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

same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

estevesj@aol.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY Milpitas STATE CA ZIP CODE 95035 AREA CODE/PHONE 408 946 6438

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

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 29 Jul 2012
Date

Executed on 7/31/12
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Jose S Esteves				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor, City of Milpitas				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE	ZIP
825 Canada 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?		
		<input type="checkbox"/> YES <input type="checkbox"/> 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?		
		<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
None		
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>01 Jan 2012</u> through <u>30 Jun 2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER <u>1323566</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Esteves for Mayor 2012

Contributions Received

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

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

Not applicable
1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>

**Expenditure Limit Summary for State
Candidates**

Not applicable

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

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).

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