COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from JULY 1, 2014 through SEPT 30, 2014

Date of election if applicable: (Month, Day, Year) 11 06 2014

Date Stamp: City Clerk's Off OCT 06 2014 RECEIVED

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1345869

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): DEEPIKA LALWANI FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX): 2305 Glenview Dr

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 4089569115

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: DEEPIKA LALWANI

MAILING ADDRESS: 2305 GLENVIEW DR

CITY: MILPITAS STATE: CA ZIP CODE: 95035 AREA CODE/PHONE: 4089569115

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on SEPT 30, 2014 (Date) By D Lalwani (Signature of Treasurer or Assistant Treasurer)

Executed on SEPT 30 2014 (Date) By D Lalwani (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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DEEPIKA LALWANI

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2305 GLENVIEW DR MILPITAS CA 95035

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

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period
from July 1, 2014
through Sept 30, 2014

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DEEPKA LALWANI for CITY COUNCIL

I.D. NUMBER
1345869

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 5210	$ 37026
2. Loans Received	Schedule B, Line 3	–	240
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 5210	$ 37266
4. Nonmonetary Contributions	Schedule C, Line 3	–	–
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 5210	$ 37266

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 5128	$ 35648
7. Loans Made	Schedule H, Line 3	–	–
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 5128	$ 35648
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	–	–
10. Nonmonetary Adjustment	Schedule C, Line 3	–	–
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 5128	$ 35648

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 3001
13. Cash Receipts	Column A, Line 3 above	5210
14. Miscellaneous Increases to Cash	Schedule I, Line 4	–
15. Cash Payments	Column A, Line 8 above	5128
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3082

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

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

Cash Equivalents and Outstanding Debts

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

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from July 1, 2014
through Sept 30, 2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DEEPKA LALWANI for CITY COUNCIL

I.D. NUMBER: 1345869

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5050
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 160
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5210

*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

Clerk's Office
OCT 0 6 2014
RECEIVED

Oct 06 14 01:25p LALWANI 408 956 1064 p.2

SCHEDULE A **Monetary contributions received from July 1, 2014 through Septmeber 30, 2014**

Deepka Lalwani for City Council **I.D. NUMBER 1345869**

DATE RECEIVED	FULL NAME, STREET ADDRESS & ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION & EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECD THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/17/14	Lolita Lodhia 1765 Channing Avenue Palo Alto, CA 94303	Ind	Homemaker	$250	$250	$250
09/26/14	Manjula Gupta 1655 Calera Creek Heights Drive Milpitas, CA 95035	Ind	Retired	$250	$250	$250
09/05/14	Motel 6, #4348, Kunaal Inc. 1041 The Alameda San Jose, CA 95126	Other		$250	$250	$250
08/23/14	Pamela Kapoor Interiors 28615 Matadero Creek Court Los Altos Hills, CA 94022	Ind	Interior Designer PK Interiors	$250	$250	$250
08/27/14	Manoj Kapoor 28615 Matadero Creek CtLos Altos Hills, CA 94022	Ind	Realtor Bandon Capital	$250	$250	$250
08/16/14	Anuradha Sethuram 27860 Fawn Creek Ct Los Altos Hills, CA 94022	Ind	Homemaker	$250	$250	$250
08/26/14	David Geffrey Cohen 867 Cape verde Place San Jose, CA 95133-1530	Ind	Manager LAM Research	$100	$100	$100
08/26/14	Amado B De Guzman 16 Corning Avenue Ste 262 Milpitas, CA 95035	Ind	CPA Amado Guzman CPA	$250	$250	$250
09/17/14	Alexander D. Galang 2191 Wellington Drive Milpitas, CA 95035	Ind	Dentist Alexgalang dentist	$200	$200	$200

Deepka Lalwani for City Council July 1 – Sept 30 2014 1345869 Pg. 4-2

09/23/14	Orloff Williams 66 E. Santa Clara St, Ste 230 San Jose, CA 95113	Ind	Marketing Consultant Orlof Williams Marketing Consultants	$250	$250	$250
09/23/14	GeoFirm 14189 Saratoga Avenue Saratoga, CA 95070	Other		$250	$250	$250
09/23/14	Leftlane Creative 515 Metzgar Street Half Moon Bay, CA 94019	Ind	Graphic Designer Leftlane Creative	$250	$250	$250
09/23/14	Easy Print Design, Inc 3040 Lawrence Expressway Santa Clara, CA 95051	Ind	Printer Easy Print Design, Inc.	$250	$250	$250
09/23/14	B&A Friction Materials, Inc. 1164 Old Bayshore Highway San Jose, CA 95112	Other		$250	$250	$250
09/23/14	Censat Enterprises Inc 3516 Peralta Blvd Fremont, CA 94536	Other		$250	$250	$250
09/23/14	Adonal Enterprises 33480 Western Avenue Union City, CA 94587	Other		$250	$250	$250
09/23/14	Thomas M Bruen 1990 n. California Blvd Ste 260 Walnut Creek, CA 94596	Ind	Attorney Law Offices of Thomas M Bruen	$250	$250	$250
09/23/14	LeadPoint Business Services 5450 E. High Street, Ste 200 Phoenix, AZ 85054	Other		$250	$250	$250
09/23/14	Republic Services, Inc. 18500 N. Allied Way Phoenix, AZ 85054	Other		$250	$250	$250
09/03/14	Anil Godhwani 3194 Winding Vista Common Fremont, CA 94539	Ind	Entrepreneur Habitera	$250	$250	$250

Deepika Lalwani for City Council

Jun 4 1 — Sept 30, 2014

1345869

Pg 4-3

09/03/14	Jyoti Godhwani 3194 Winding Vista Common Fremont, CA 94539	Ind	Homemaker	$250	$250	$250
TOTAL				**$5,050**		

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from July 1 2014
through Sept 30 2014

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DEEPKA LALWANI FOR CITY COUNCIL

I.D. NUMBER: 1345869

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF MILPITAS CALAVERAS BLVD MILPITAS CA 95035	FIL	FILING	1900
Peter Allen Consulting 1434 SEATTLE AVE SAN JOSE CA 95125	CNS	CONSULTING	300
NATIONAL PRINTING 510 N. FIRST ST San Jose CA 95112	CMP	PRINTING	643
COPS Voter Guide 705-2E Bidwell St. #370 Folsom CA 95630	CMP	Voter Guide	542
CA LATINO Voter Guide 930 COLORADO BLVD Bldg 2 LOS ANGELES CA 90041	CMP	Voter Guide	200

SUBTOTAL $ 3585

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

Schedule E
Payments Made

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

Statement covers period
from JULY 1, 2014
through SEPT 30, 2014

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: DEEPIKA LAZWANI FOR CITY COUNCIL

I.D. NUMBER: 1345869

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
CA VOTER GUIDE 1954 W. CARSON ST. Suite R TORRANCE CA 90501	CMP	voter guides labels	322
PACIFIC PRINTING 1002 SOUTH 2ND ST. SAN JOSE CA 95112	CMP	PRINTING	642
SUNNYHILLS NEIGHBORHOOD ASSOC PO BOX 360581 MILPITAS CA 95035	PRT	Ad	250

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

SUBTOTAL $ 1214

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 4799
2. Unitemized payments made this period of under $100 ..... $ 329
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 $ 5128