Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp		COVER PAGE CALIFORNIA FORM 460	
(Government Code Sections 84200-84216.5)	Statement covers period from07/01/2013	Date of election if applicable: (Month, Day, Year)	09/25/2013 16:48:34 Filing ID: 146203641		of	
SEE INSTRUCTIONS ON REVERSE	through09/21/2013	11/05/2013	140203041			
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be 	ermination)	Quarterly Stat Special Odd-` Supplemental Statement - A	/ear Report	
3. Committee information	D. NUMBER 1353807	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER				
Glenn Hendricks for City Council 2013		Glenn Hendricks				
		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
		Sunnyvale	CA	94087	(408)242-8384	
CITY STATE ZIP CO	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY			
Sunnyvale CA 940	87 (408)242-8384					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. I	BOX	MAILING ADDRESS				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			

Executed on	09/25/2013	Bv .	Glenn Hendricks
	Date		Signature of Treasurer or Assistant Treasurer
Executed on	09/25/2013	By _	Glenn Hendricks
	Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on		By	
	Date	,	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on		By	
	Date	- , , , , , , , , , , , , , , , , , , ,	Signature of Controlling Officeholder, Candidate, State Measure Proponent
			EBBC Toll Free Helpl

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COVER PAGE - PART 2

CALIFORNIA FORM		Α ζ	 60	
Page _	2	_ of _	12	-

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Glenn Hendricks		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICA	BLE)
City Council Member Sunnyvale City Council, Sunnyvale, California	Seat 2, City of	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP
St	unnyvale CA	94087

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. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			S YES	NO NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			YES	NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
------------------------	--

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

DFFICE 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement		Type or print in ink.				SUMMARY PAGE	
Summary Page	Α	mounts may be round to whole dollars.	led		State	ment covers period	CALIFORNIA 460
, ,					from	07/01/2013	FORM TOO
SEE INSTRUCTIONS ON REVERSE					through	09/21/2013	Page3 of12
NAME OF FILER							I.D. NUMBER
Glenn Hendricks for City Council 2013							1353807
Contributions Received	(Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column CALENDAR TOTALTOD	YEAR		mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	7,896.00	\$	10,	591.00		
2. Loans Received Schedule B, Line 3		0.00		18,	000.00	1/1 tr	nrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	7,896.00	\$	28,	591.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		217.99			217.99	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	8,113.99	\$	28,	808.99	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	6,306.26	\$	8,	565.62	Candidates	
7. Loans Made Schedule H, Line 3		0.00				22. Cumulativ	e Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$		565.62		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		217.99			217.99	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	6,524.25	\$	8,	783.61	///	\$
Current Cash Statement						///////	\$
12. Beginning Cash Balance Previous Summary Page, Line 16			Тс	o calculate Colui	mn B, add		
13. Cash Receipts Column A, Line 3 above		7,896.00		mounts in Colum		**	
14. Miscellaneous Increases to Cash Schedule I, Line 4		2,445.00	fro	om Column B of	f your last	Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		6,306.26		port. Some am olumn A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	23,970.38	fiq	gures that shoul	d be		
If this is a termination statement, Line 16 must be zero.			pe	eriod amounts. e first report be	If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo ca	r this calendar arry over the an	year, only nounts		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, a ny).	nd 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00		.,,,			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	18,000.00				FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. FORM 07/01/2013 from through _____09/21/2013 Page _____ of ____2 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Glenn Hendricks for City Council 2013 1353807 AMOUNT PER ELECTION IF AN INDIVIDUAL. ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 07/06/2013 Melinda Hamilton Community Volunteer 100.00 100.00 X IND Sunnyvale, CA 94086 N/A OTH PTY □SCC 07/14/2013 Suzanne Shea X IND Retired 200.00 200.00 Sunnyvale, CA 94087 None OTH □ PTY SCC 07/17/2013 City Councilman Pete Constant 500.00 500.00 X IND San Jose, Ca 95117 City of San Jose OTH □ PTY SCC 07/17/2013 Ty Greaves Retired 250.00 250.00 X IND San Jose, Ca 95132 Retired OTH **PTY** SCC 07/17/2013 Otto Lee 300.00 300.00 Attorney X IND Sunnyvale, Ca 94086 IPLG ΠOTH □ PTY SCC SUBTOTAL\$ 1,350.00 Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.) \$ _____ 7,350.00 (other than PTY or SCC) OTH - Other (e.g., business entity) 546.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$ PTY – Political Party SCC – Small Contributor Committee 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ __ 7,896.00 FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole∉	berounded	Statement cover from07/01/ through09/21/	/2013	SCHEDULE A (CONT CALIFORNIA FORM 460 Page <u>5</u> of <u>12</u>
NAME OF FILER	cks for City Council 2013					I.D. NUMBER 1353807
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 CALENDAR YI (JAN. 1 - DEC.	DATE PER ELECTION EAR TO DATE
07/17/2013	Diane McKenna Sunnyvale, Ca 94087	X IND COM OTH PTY SCC	Retired Retired	250.00	2	50.00
07/17/2013	Julia Miller Sunnyvale, Ca 94087	X IND COM OTH PTY SCC	Retired Retired	100.00	1	00.00
07/17/2013	John Vidovich Los Altos, Ca 94022	IND COM OTH PTY SCC	Principal De Anza Building & Maint	3,000.00	3,0	00.00
07/19/2013	Tom Winant Los Altos, Ca 94024	∑IND □COM □OTH □PTY □SCC	Retired Retired	250.00	2	50.00
07/23/2013	Kareem Al-Bassam Los Gatos, Ca 95033	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director Finacial Innovation PayPal	200.00	2	00.00
			SUBTOTAL	\$ 3,800.00		

*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

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole (berounded	Statement cover from07/01/ through09/21/	2013	SCHEDULE A CALIFORNIA 4 FORM 4 Page 6 of 1 I.D. NUMBER	60
Glenn Hendrid	cks for City Council 2013					1353807	
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 CALENDAR YI (JAN. 1 - DEC.	EAR TO DATE	
07/30/2013	Mary Bradley Sunnyvale, Ca 94086	∑IND COM OTH PTY SCC	Retired Retired	200.00	2	00.00	
07/30/2013	Terry Fowler Sunnyvale, Ca 94087	⊠IND □COM □OTH □PTY □SCC	Retired Retired	100.00	2	00.00	
08/04/2013	Gil Ohana Sunnyvale, Ca 94087	X IND COM OTH PTY SCC	Senior Director, Legal Cisco	100.00	1	00.00	
08/10/2013	Robert Varich San Jose, Ca 95129	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agency Owner Self Employed	250.00	2	50.00	
08/14/2013	Howard Chuck Sunnyvale, Ca 94086	IND □ COM □ OTH □ PTY □ SCC	Realtor Century 21 M&M Associates	100.00	1	00.00	
			SUBTOTAL	750.00			

*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

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole (be rounded	Statement cove from07/01/ through09/21/	/2013	SCHEDU CALIFORNIA FORM age <u>7</u> of	400
NAME OF FILER					1.	D. NUMBER	
Glenn Hendrid	cks for City Council 2013				1	353807	
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 D/ CALENDAR YEA (JAN. 1 - DEC. 31	R TO	LECTION DATE QUIRED)
09/02/2013	Terry Fowler Sunnyvale, Ca 94087	X IND COM OTH PTY SCC	Retired Retired	100.00	200	.00	
09/02/2013	Mr. Russell Melton Sunnyvale, Ca 94087	⊠IND □COM □OTH □PTY □SCC	Business manager None	250.00	250	.00	
09/12/2013	Rob Gamble Sunnyvale, Ca 94087	X IND COM OTH PTY SCC	Self Employed Consultant	100.00	100	.00	
09/17/2013	Western Manufactured Housing Communities Assn. ID# 742422 Sacromento, Ca 95814	☐ IND		500.00	500	.00	
09/21/2013	Pacific Gas & Electric San Jose, Ca 95113	□IND □COM ☑OTH □PTY □SCC		500.00	500	.00 G2013	\$500.00
			SUBTOTAL	\$ 1,450.00			

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

SCHEDULE B - PART 1 Type or print in ink. Schedule B – Part 1 Statement covers period Amounts may be rounded CALIFORNIA 6 Loans Received to whole dollars. FORM 07/01/2013 from through 09/21/2013 Page ____8___ of 12 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Glenn Hendricks for City Council 2013 1353807 (a) (b) (d) OUTSTANDING (e) (f) (g) (c) IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCE AT OF LENDER RECEIVED THIS PAID THIS CONTRIBUTIONS AMOUNT OF **OR FORGIVEN** (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD TO DATE LOAN NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Mr. Glenn Hendricks Manager - POS CALENDAR YEAR PAID Sunnyvale, CA 94087 Implementations PayPal \$ 18,000.00 0.00 10,000.00 \$ 10,000.00 s _% RATE FORGIVEN PER ELECTION** G2013 10,000.00 \$ 10,000.00 0.00 03/08/2013 0.00 0.00 \$ \$ DATE INCURRED [†]⊠ IND □ COM □ OTH □ PTY □ SCC DATE DUE Mr. Glenn Hendricks Manager - POS PAID CALENDAR YEAR Sunnyvale, CA 94087 Implementations PayPal 8,000.00 \$ _8,000.00 \$ 18,000.00 0.00 \$ RATE FORGIVEN PER ELECTION ** 8,000.00 0.00 \$G2013 10,000.00 0.00 0.00 ¢ 06/16/2013 DATE DUE DATE INCURRED †_⊠ IND □ COM □ OTH □ PTY □ SCC CALENDAR YEAR PAID \$ \$ RATE FORGIVEN PER ELECTION ** DATE DUE DATE INCURRED □ COM □ OTH □ PTY □ SCC SUBTOTALS \$ 0.00\$ 0.00\$ 18,000.00\$ 0.00 (Enter (e) on Schedule B Summary Schedule E, Line 3) 0.00 1. Loans received this period\$ (Total Column (b) plus uniterized loans of less than \$100.) [†]Contributor Codes IND - Individual 2. Loans paid or forgiven this period\$ ____ 0.00 COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven.) (other than PTY or SCC) OTH – Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY – Political Party SCC - Small Contributor Committee 3. Net change this period. (Subtract Line 2 from Line 1.)..... NET \$ __ 0.00 (May be a negative number) Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedul	eC		Type or print in ink.						SCHEDULE C
Nonmor	netary Contributions Received		Amounts may be rounded to whole dollars.		5	Statement covers p	eriod	CALIFO	ORNIA 460
					from	n07/01/201	.3	FOF	
SEE INSTRUCT	FIONS ON REVERSE				thro	ough09/21/201	.3	Page	9 of12
NAME OF FILE	R							I.D. NUMBI	ER
Glenn Hend	ricks for City Council 2013	_						1353807	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	re Ar year	PER ELECTION TO DATE (IF REQUIRED)
07/17/2013	Jodi Howe Sunnyvale, Ca 94087	∑IND COM OTH PTY SCC	Retired Retired	Food & Beverag Campaign Kick-		217.99		217.99	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTO	TAL \$	217.99			

Schedule C Summary	*Contributor Codes
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC – Small Contributor Committee
	EDBC Form 460 (January (05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E	Type or print in ink. Amounts may be rounded	Statem	ent covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from		FORM 400
SEE INSTRUCTIONS ON REVERSE		through	09/21/2013	Page of
NAME OF FILER				I.D. NUMBER
Glenn Hendricks for City Council 2013				1353807

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 C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing San Jose, CA 95112	LIT		1,359.38
City of Sunnyvale Sunnyvale, Ca 94086		Payment for Candidate Statement Deposit - 'In'Lieu' Fee	2,445.00
KMTV-15 Mountain View, Ca 94043		Video Statement Fee	350.00
* Payments that are contributions or independent expenditures m	nust also be summarized on So	chedule D. SUBTOTA	L\$ 4,154.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$	6,228.44
2. Unitemized payments made this period of under \$100 \$	77.82
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	6,306.26

Schedule E	The second in the		SCHEDULE E (CONT.)
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2013	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/21/2013	Page of
NAME OF FILER			I.D. NUMBER
Glenn Hendricks for City Council 2013			1353807
CODES: If one of the following codes accurately descri	bes the payment, you may enter the code. Oth	nerwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	S
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	oduction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committe	es of the same candidate/sponsor

- LEG legal defense
- LIT
- PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Local Biz Network WEB .net and .org webdomains for the campaign San Jose, CA 95117 Yard Signs Pacific Printing LIT

* Payments that are contributions or independent expenditures must also be summari	zed on Schedule D.	SUBTOTAL	\$ 2,074.06
Pacific Printing San Jose, CA 95112	LIT	Flyers	543.75
Pacific Printing San Jose, CA 95112	LIT	Yard Signs	1,495.31

35.00

Schedule I **Miscellaneous Increases to Cash**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. FORM 07/01/2013 from_ 09/21/2013 Page <u>12</u> of <u>12</u> through ____

E OF FILER	ha fan ditu damail 2012		I.D. NUMBER
nn Hendric	ks for City Council 2013		1353807
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
/09/2013	City of Sunnyvale Sunnyvale, Ca 94086	Return of deposit for Ballot Statement - 250 signatures for 'inOLieu' fee	2,445.(
Attach additi	ional information on appropriately labeled continuation sheets.	SUBTOTAL \$	2,445.

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$____ 2,445.00

> FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE I