Ь	asiniant Committee		_		COVER PAGE
C	ecipient Committee ampaign Statement over Page			Date Stamp	FORM 460
(G	overnment Code Sections 84200-84216.5)	Statement covers period from12/01/2015	Date of election if applicable: (Month, Day, Year)	07/06/2016	Page 1 of 10 For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	through07/02/2016	08/16/2016	100022074	
1.	Type of Recipient Committee: All Committees - C	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)		Special (Supplem Statemen	y Statement Odd-Year Report ental Preelection nt - Attach Form 495
3.	Committee Information	D. NUMBER	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1385594	NAME OF TREASURER		
	Larry Klein for Council Seat 4 Special Elec	tion August 2016	Sheri Codiana MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY Sunnyvale	STATE ZIP CODE CA 94086	AREA CODE/PHONE
	CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	_
	Sunnyvale CA 940				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
	CITY STATE ZIP C	ODE AREA CODE/PHONE	СІТУ	STATE ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR sheri@codiana.com	RESS	
4.	Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ	ng this statement and to the best of my kn nia that the foregoing is true and correct.	owledge the information contained her	rein and in the attached schedules i	s true and complete. I certify
	Executed on	By Sheri Codi	ana Signature of Treasurer or Assistant T	Treasurer	_
	Executed on	By Larry Klei Signature of Co	n Introlling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	_
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	tate Measure Proponent	_
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	tate Measure Proponent	 FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
	ORNIA ORM	4	160					
Page _	2	of _	10					

Officeholder or Candidate Controlled Committee		6	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Larry Klein							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABL	_E)	BALLOT NO. OR LETTER	JURISDICTIC	N	SUPPORT	
City Council Member						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Identify the controlling of	::		if	
	Sunnyvale CA	94086	Identify the controlling of	•	<u> </u>	re proponent, if an	
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PRO	OPONENT		
Related Committees Not Included in this S	Statement: List any cor	nmittees					
not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed		OFFICE SOUGHT OR HELD		DISTRICT N	IO. IF ANY	
COMMITTEE NAME	I.D. NUMBER						
			7. Primarily Formed Car	ndidate/Offic	eholder Committee	list names of	
NAME OF TREASURER	CONTROLLED COMMITT	EE?	officeholder(s) or candidate				
	YES NO	<u> </u>	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	n I	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT ON THE	SUPPORT OPPOSE	
CITY STATE ZII	P CODE AREA COD	DE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	∐ SUPPORT	
		<u> </u>				☐ OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT	
						OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITT	TEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	-D	
	☐ YES ☐ NO	·				SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)				<u> </u>		
	P CODE AREA COD	DE/DUONE					
				ach continuatio			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Stateme	ent covers period	CALIFORNIA 160
from	12/01/2015	FORM TOO
through	07/02/2016	Page 3 of 10
		I.D. NUMBER
		1385594

NAME OF FILER Larry Klein for Council Seat 4 Special Election August 2016 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** \$ 2,373.10 1/1 through 6/30 7/1 to Date 1,086.00 1,086.00 20. Contributions \$ 3,459.10 Received 21. Expenditures Made \$ 3,808.84 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 490.34 349.74 \$ 2,204.73 **Current Cash Statement** To calculate Column B, add 3,459.10 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 1,857.99 Column A may be negative 1,601.11 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement coverage from 12/01/2		SCHEDULE ALIFORNIA 460 FORM
SEE INSTRUCTION	ONS ON REVERSE			through	016 Pa	nge4 of10
NAME OF FILER				-	I.D	. NUMBER
Larry Klein	for Council Seat 4 Special Election August 2016	,			13	85594
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/03/2016	Timothy Oey Sunnyvale, CA 94087		Manager Silver Springs Networks	250.00	250.	00
06/04/2016	Jay Casuba Mountain View, CA 94043		Manager Silver Springs Networks	100.00	100.	00
06/04/2016	Johan Koning Sunnyvale, CA 94087		Retired Retired	100.00	100.	00
06/24/2016	Sue Serrone Sunnyvale, CA 94087		Activist, writer, artist Self	150.00	150.	00
06/26/2016	Assana Fard Sunnyvale, CA 94086	IND COM OTH PTY SCC	Engineering Manager Apple, Inc.	500.00	500.	00
			SUBTOTAL	1,100.00		
Schodula	A Summary				*Contribut	or Codes

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)\$ 2,000.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

2,373.10

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

Statement covers period

12/01/2015

				from12/01/	2015	FOR	M TOO
				through07/02/	2016	Page	5 of 10
NAME OF FILER						I.D. NUMB	ER
Larry Klein f	or Council Seat 4 Special Election August 2016					1385594	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR 31)	PER ELECTION TO DATE (IF REQUIRED)
06/26/2016	Paul Marcos Los Altos, CA 94024	⊠IND □COM □OTH □PTY □SCC	Engineer Apple, Inc.	500.00		00.00	
06/26/2016	Cheryl Rule San Jose, CA 95124		Writer Self	100.00	10	00.00	
06/27/2016	Kathy Welch Sunnyvale, CA 94086		Outreach coordinator Stanford	100.00	10	00.00	
06/30/2016	Howard Chuck Sunnyvale, CA 94086		Realtor Century 21 M&M and Associates	100.00		00.00	
06/30/2016	Glenn Hendricks Sunnyvale, CA 94087	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Program Manager PayPal	100.00	10	00.00	
			SUBTOTAL	\$ 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 B – Part	1
Loans Received	

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 460
from	12/01/2015	FORM 400
through	07/02/2016	Page6 of10
		ID NIIMBED

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Larry Klein for Council Seat 4 Special Election August 2016								
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
Sheri Codiana Sunnyvale, CA 94086	None None			PAID \$0.00 FORGIVEN	\$86.00	0%	\$86.00	\$\frac{1,207.74}{PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$86.00	\$0.00	12/31/2016 DATE DUE	\$0.00	05/16/2016 DATE INCURRED	\$
Sheri Codiana Sunnyvale, CA 94086	None None			PAID \$ 0.00 FORGIVEN	\$_1,000.00	0%	\$ 1,000.00	\$\frac{1,207.74}{PER ELECTION **
†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$_1,000.00	\$0.00	12/31/2016 DATE DUE	\$0.00	05/17/2016 DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
SUBTOTALS \$ 1,086.00\$ 0.00\$ 1,086.00\$ 0.00								

Schedule B Summary

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

1.	Loans received this period	.\$	1,086.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	\$	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		

Enter the net here and on the Summary Page, Column A, Line 2.

OTH – Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

COM - Recipient Committee

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

(other than PTY or SCC)

†Contributor Codes IND - Individual

Schedule C **Nonmonetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SCHEDULE C
State	ement covers period	CALIFORNIA 460
from	12/01/2015	FORM 40U
through	07/02/2016	Page 7 of 10
		I.D. NUMBER

Larry Klei	Larry Klein for Council Seat 4 Special Election August 2016							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/02/2015	Sheri Codiana Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	None None	larryforcouncil.co m domain - dotster.com	11.86	1,207.74		
12/03/2015	Sheri Codiana Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	None None	Business cards (moo.com). In-kind donation from Sheri Codiana.	28.74	1,207.74		
12/13/2015	Sheri Codiana Sunnyvale, CA 94086	∑IND □COM □OTH □PTY □SCC	None None	Website - A Small Orange	100.00	1,207.74		
02/16/2016	Sheri Codiana Sunnyvale, CA 94086	⊠IND □COM □OTH □PTY □SCC	None None	Business cards (moo.com). In-kind donation from Sheri Codiana.	121.74	1,207.74		
Attach ad	Iditional information on appropriately lab	SUBTOTAL \$	262.34					

Schedule C Summary

 Amount received this period – itemized nonmonetary contributions. 	
(Include all Schedule C subtotals.)	\$ 490.34
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0.00
3. Total nonmonetary contributions received this period.	

*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

490.34

Schedule C (Continuation Sheet) Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

	SCHEDULE C (CONT.)
Statement covers period	CALIFORNIA 460
from12/01/2015	FORM 40U
through07/02/2016	Page8 of10
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE						i age	0
NAME OF FILER			<u> </u>			I.D. NUMB	ER
Larry Klein for Council Seat 4 Special Election A	ugust 2016					1385594	
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - [TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
6/16/2016 Robert Biale Vineyards Napa, CA 94558	□IND □COM ☑OTH □PTY □SCC		Wine: 3 bottles Rosato, 3 bottles Black Chicken - for fundraising event 6/26/16	228.00		228.00	
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
Attach additional information on appropriately labe	eled continuati	ion sheets.	SUBTOTAL	\$ 228.00			

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from12/01/2015	FORM TOO
through07/02/2016	Page9 of10
	I.D. NUMBER
	1385594

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Larry Klein for Council Seat 4 Special Election August 2016

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)
LII	campaign incrature and mailings	1 131	print add	VVLD	information technology costs (internet, e mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Printing San Jose, CA 95110	CMP	Donation envelopes	215.00
Pacific Printing San Jose, CA 95110	OFC	Business cards	87.00
Pacific Printing San Jose, CA 95110	СМР	Donation envelopes	18.81

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$ 320.81
--	--------------------------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,774.34
2. Unitemized payments made this period of under \$100	\$	83.65
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.)	TOTAL \$	1,857.99

Schedule E	
(Continuation Sheet)
Payments Made	-

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 460
from	12/01/2015	FORM TOO
through	07/02/2016	Page 10 of 10
		I.D. NUMBER

1385594

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Larry Klein for Council Seat 4 Special Election August 2016

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS 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 polling and survey research staff/spouse travel, lodging, and meals fundraising events

ND 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

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

- Campaign incrature and mainings	Titl plint ads	WED Information technology costs (internet, e mair)			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID	
Pacific Printing San Jose, CA 95110	LIT	Posters		40.00	
Pacific Printing San Jose, CA 95110	LIT	cards for door	drops	580.73	
Pacific Printing San Jose, CA 95110	LIT	100 yard signs		730.80	
SCC Registrar of Voters San Jose, CA 95112	VOT			102.00	

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

SUBTOTAL \$

1,453.53