

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

Date Stamp

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Page 1 of 4

For Official Use Only

### Statement covers period

from 07/01/2013

through 12/31/2013

### Date of election if applicable: (Month, Day, Year)

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  
1339337

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
James Davis for Sunnyvale City Council 2011

STREET ADDRESS (NO P.O. BOX)

| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA    | 94086    | (408)992-1863   |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

davisforcitycouncil2011@gmail.com

### Treasurer(s)

NAME OF TREASURER

Dick Smith

MAILING ADDRESS

| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| Sunnyvale | CA    | 94086    | (408)738-3198   |

NAME OF ASSISTANT TREASURER, IF ANY

Susan Davis

MAILING ADDRESS

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

Sunnyvale CA 94086

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 01/31/2014  
Date

By Susan Davis  
Signature of Treasurer or Assistant Treasurer

Executed on 01/31/2014  
Date

By Jim Davis  
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

Jim Davis

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

City Council - Sunnyvale - 6, Sunnyvale

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY      | STATE | ZIP   |
|---|-----------|-------|-------|
|   | Sunnyvale | CA    | 94086 |

**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?                                    |
|                   | <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

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2013 |                                |
| through                 | 12/31/2013 | Page <u>3</u> of <u>4</u>      |
|                         |            | I.D. NUMBER<br>1339337         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Davis for Sunnyvale City Council 2011

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 0.00  | \$ 0.00                                    |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 8,500.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 0.00  | \$ 8,500.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 0.00  | \$ 8,500.00                                |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 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. TOTALEXPENDITURES MADE ..... Add Lines 8 + 9 + 10       | \$ 0.00  | \$ 0.00                                    |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|   |             |
|---|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ 1,960.38 |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 0.00        |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                              | 0.00        |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,960.38 |

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 | \$ 0.00 |
|---|---------|

## 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 | \$ 8,500.00 |

**Schedule B – Part 1  
Loans Received**

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

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2013 |                            |
| through                 | 12/31/2013 | Page <u>4</u> of <u>4</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Davis for Sunnyvale City Council 2011

I.D. NUMBER

1339337

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN                  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE          |
|---|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Jim Davis<br>Sunnyvale, CA 94086  | Public Safety Officer<br>City of Sunnyvale  | \$ 8,500.00                                      | \$ 0.00                            | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 8,500.00<br><br>DATE DUE                        | 0%<br>RATE<br>\$ 0.00            | \$ 10,000.00<br><br>06/14/2011<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$           | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                         | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$      |
| <b>SUBTOTALS \$</b>   |   |  | 0.00 \$                            | 0.00 \$  | 8,500.00 \$  | 0.00                             |   |  |

**Schedule B Summary**

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

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
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.