

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

E-Filed
02/01/2016
08:10:33

Filing ID:
158468046

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) _____
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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
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1338965

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sunnyvale</u>	<u>CA</u>	<u>94085</u>	<u>(408)733-5778</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

TaraForCouncil@gmail.com

Treasurer(s)

NAME OF TREASURER

Tara Martin-Milius

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sunnyvale</u>	<u>CA</u>	<u>94085</u>	<u>(408)733-5778</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

TaraForCouncil@gmail.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 01/30/2016
Date

By Tara Martin-Milius
Signature of Treasurer or Assistant Treasurer

Executed on 01/30/2016
Date

By Tara Martin-Milius
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Tara Martin-Milius

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member City Council - Sunnyvale - 7: City of Sunnyvale District 7

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Sunnyvale	CA	94085

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 <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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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
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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>3</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7		1338965

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 6,189.00	\$ 11,169.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6,189.00	\$ 11,169.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	300.96
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6,189.00	\$ 11,469.96

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	\$ 3,405.38	\$ 3,667.88
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,405.38	\$ 3,667.88
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	300.96
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3,405.38	\$ 3,968.84

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	\$ 13,828.28
13. Cash Receipts Column A, Line 3 above	6,189.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	3,405.38
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 16,611.90

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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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

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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7	I.D. NUMBER 1338965
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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)
12/07/2015	ANNCA Inc. Sunnyvale, CA 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016 \$500.00
09/15/2015	Victoria Armigo Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bookkeeper/tax professional Self	100.00	100.00	G2016 \$100.00
11/24/2015	Castillo & Castillo Sunnyvale, CA 94089	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2016 \$250.00
07/15/2015	CREPAC (ID# 890106) Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G2016 \$1,000.00
11/17/2015	Terry Fowler Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	G2016 \$200.00
SUBTOTAL \$				1,950.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,800.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 389.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 6,189.00**

*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 (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>5</u> of <u>10</u>

NAME OF FILER Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7	I.D. NUMBER 1338965
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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)
11/20/2015	Barbara Fukumoto Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired retired	100.00	100.00	G2016 \$199.00
11/17/2015	James Griffith Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Ios software engineer Apple, Inc.	250.00	500.00	G2016 \$750.00
11/18/2015	Susan Harrison Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Two Lions	100.00	100.00	G2016 \$100.00
07/12/2015	Nai Hsueh Saratoga, CA 95070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Santa Clara Valley Water District	200.00	200.00	G2016 \$200.00
11/18/2015	Gustav Larsson Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer Ciena Corp	100.00	400.00	G2016 \$650.00
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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>6</u> of <u>10</u>

NAME OF FILER Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7	I.D. NUMBER 1338965
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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)
07/01/2015	Christopher Lepe San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	transit expert Transform	150.00	150.00	G2016 \$150.00
11/18/2015	Blanca Pradenas Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HR Consultant Pradenas Consulting	100.00	100.00	G2016 \$100.00
11/18/2015	PradenasHR Consulting Santa Clara, CA 95051	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2016 \$100.00
11/18/2015	James and Janet Reynolds Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	G2016 \$500.00
12/01/2015	Ro For Congress Washington, DC 20003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G2016 \$200.00
SUBTOTAL \$				1,050.00		

*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 (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>7</u> of <u>10</u>

NAME OF FILER Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7	I.D. NUMBER 1338965
---	------------------------

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)
11/09/2015	Richard Santos Alviso, CA 95002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director SCV Water District	100.00	100.00	G2016 \$100.00
11/18/2015	Linda Sell Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Trimble	100.00	100.00	G2016 \$100.00
11/18/2015	Ms. Elinor Sheldon Sunnyvale, CA 94085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired social worker retired	50.00	250.00	G2016 \$350.00
11/20/2015	Starlite Storage Sunnyvale, CA 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2016 \$100.00
09/14/2015	SUNPAC (ID# 1245924) Sunnyvale, CA 94089	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	2,500.00	G2016 \$2,500.00
SUBTOTAL \$				1,600.00		

*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 (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2015
through 12/31/2015

CALIFORNIA FORM 460
Page 8 of 10
I.D. NUMBER
1338965

NAME OF FILER

Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7

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)
11/18/2015	Gail Swegles Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	250.00	250.00	G2016 \$250.00
11/18/2015	Barbara Williams Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Alain Pinel Realtors	100.00	100.00	G2016 \$100.00
11/17/2015	John Zoglin Los Altos, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager IBM	100.00	100.00	G2016 \$300.00
		<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 \$				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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page 9 of 10
NAME OF FILER		I.D. NUMBER
Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7		1338965

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7

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
BevMo Sunnyvale, CA 94086	FND		Wine, beer, soft drinks for fundraiser	397.10
Eisenhauer's Catering and Events Sunnyvale, CA 94086	FND		Deposit for catering	600.00
Eisenhauer's Catering and Events Sunnyvale, CA 94086	FND		2nd installment for catering	600.00

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

SUBTOTAL \$ 1,597.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,405.38
2. Unitemized payments made this period of under \$100	\$	0.00
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 \$	3,405.38

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

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	12/31/2015	Page <u>10</u> of <u>10</u>
NAME OF FILER		I.D. NUMBER
Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7		1338965

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tara Martin-Milius for Sunnyvale City Council, 2016 Seat#7

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
Eisenhauer's Catering and Events Sunnyvale, CA 94086	FND		Final check for Catering	1,508.28
Sunnyvale Historical Society and Museum Association Sunnyvale, CA 94087	FND		Museum room rental for fundraiser	300.00

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

SUBTOTAL \$ 1,808.28