

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CITY CLERK'S OFFICE
 CITY OF SAN JOSE, CALIFORNIA
 2017 DEC 19 PM 3:16

CALIFORNIA FORM 460

Page 1 of 14

For Official Use Only

Statement covers period
 from 1/1/17
 through 12/13/17

Date of election if applicable:
 (Month, Day, Year)
11/06/18

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

Committee Information I.D. NUMBER 1397785

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bill Miranda for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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
Cheryl Gray

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 12/13/17
Date

Executed on 12/13/17
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**ampaign Disclosure Statement
ummary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	1/1/17	
through	12/13/17	Page <u>3</u> of <u>14</u>
I.D. NUMBER		1397785

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bill Miranda for City Council 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ 2,800.00	\$ 2,800.00
Loans Received..... Schedule B, Line 3	\$ -0-	\$ -0-
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,800.00	\$ 2,800.00
Nonmonetary Contributions..... Schedule C, Line 3	\$ -0-	\$ -0-
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,800.00	\$ 2,800.00

**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	\$ 2,800.00	\$ 2,800.00
21. Expenditures Made	\$ 548.00	\$ 548.00

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made..... Schedule E, Line 4	\$ 548.00	\$ 548.00
Loans Made..... Schedule H, Line 3	\$ -0-	\$ -0-
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 548.00	\$ 548.00
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ -0-	\$ -0-
Nonmonetary Adjustment..... Schedule C, Line 3	\$ -0-	\$ -0-
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 548.00	\$ 548.00

**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

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ -0-
Cash Receipts..... Column A, Line 3 above	\$ 2,800.00
Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ -0-
Cash Payments..... Column A, Line 8 above	\$ 548.00
ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,252.00

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ -0-
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Cash Equivalents and Outstanding Debts

Cash Equivalents..... See instructions on reverse	\$ -0-
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ -0-

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.