

# Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>
	For Official Use Only
CITY CLERK'S OFFICE	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	2020 JUL 22 P 4: 34 EMAIL (optional)
Couture, Theresa, m	( 650 ) 996-5277	( )	CITY OF LOS ALTOS CA
STREET ADDRESS	CITY	STATE	ZIP CODE
903 Parma Way	Los Altos	Ca	94024
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
member, City Council			PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)			<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:	_____ (Name of Multi-County Jurisdiction)	2020 (Year of Election)	<input type="checkbox"/> SPECIAL / RUNOFF

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, \_\_\_\_/\_\_\_\_/\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 14 2020  
(month, day, year)

Signature [Redacted]  
(Candidate)

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Amendment</b>	<input type="checkbox"/> <b>Termination – See Part 5</b>
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

**CALIFORNIA FORM 410**  
For Official Use Only

CITY CLERK'S OFFICE

2020 JUL 22 P 4:34

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Terri Couture for City Council 2020				NAME OF TREASURER Terri Couture			
STREET ADDRESS (NO P.O. BOX) 903 Parma Way				STREET ADDRESS (NO P.O. BOX) 903 parma way			
CITY Los Altos	STATE Ca	ZIP CODE 94024	AREA CODE/PHONE 650-996-5277	CITY los altos	STATE ca	ZIP CODE 94024	AREA CODE/PHONE 650-9965277
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) terri.couture@cbnorcal.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Santa Clara				CITY CITY			
JURISDICTION WHERE COMMITTEE IS ACTIVE Los Altos				STATE STATE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Terri Couture			
				STREET ADDRESS (NO P.O. BOX) 903 Parma Way			
				CITY los altos			
				STATE ca			
				ZIP CODE 94024			
				AREA CODE/PHONE 650-996-5277			

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/14/2020 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/14/2020 By [Signature]  
DATE CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Terri Couture for City Council 2020	I.D. NUMBER 85-1890225
---	---------------------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 6509471640	BANK ACCOUNT NUMBER 7701535713	
ADDRESS 400 S San Antonio Rd	CITY Los Altos	STATE Ca	ZIP CODE 94022

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Terri Couture	member, City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Terri Couture for City Council 2020

I.D. NUMBER

85-1890225

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

controlled committee

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Couture Theresa  
CITY CLERK'S OFFICE  
May 2020 JUL 22 P 4: 35

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) CITY OF LOS ALTOS CA  
Los Altos City council  
Division, Board, Department, District, if applicable Your Position  
Los Altos city council candidate

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of Los Altos
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other member

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2019.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Date of Election nov 3, 2020 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete)**

▶ Total number of pages including this cover page: 13

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income - Gifts** – schedule attached
- Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(650 ) 917-5811 terri@terri4losaltos.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7/22/2020 Signature \_\_\_\_\_  
(month, day, year) (Filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY  
akamai Technologies

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock web applications

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bella Vista Capital Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock real estate

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Amazon Com Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common Stock consumer discretionary

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bio Reference Labs

GENERAL DESCRIPTION OF THIS BUSINESS  
common Stock healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bank of Montreal

GENERAL DESCRIPTION OF THIS BUSINESS  
bond

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Brown & Brown Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common Stock insurance

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Theresa Couture

NAME OF BUSINESS ENTITY: Cavium Networks Inc
GENERAL DESCRIPTION OF THIS BUSINESS: common stock network systems
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

NAME OF BUSINESS ENTITY: Cisco Systems Inc
GENERAL DESCRIPTION OF THIS BUSINESS: common stock network systems
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

NAME OF BUSINESS ENTITY: Chevron Corp energy
GENERAL DESCRIPTION OF THIS BUSINESS: common stock
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

NAME OF BUSINESS ENTITY: Colgate Palmolive
GENERAL DESCRIPTION OF THIS BUSINESS: common Stock personal care
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

NAME OF BUSINESS ENTITY: Cisco Systems Inc
GENERAL DESCRIPTION OF THIS BUSINESS: common stock network systems
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

NAME OF BUSINESS ENTITY: Consumer Staples SPDR
GENERAL DESCRIPTION OF THIS BUSINESS: common Stock exchange traded fund
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: none

Comments:

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Investments must be itemized.  
Do not attach brokerage or financial statements.*

Name  
Theresa Couture

▶ NAME OF BUSINESS ENTITY  
Costco Wholesale Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock consumer staples

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
FAST fastenal Co

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock consumer fasteners hardware

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Energy Select SPDR

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock energy

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Financial Select Sector

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock investment services

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
F5 Networks

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock financial services

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Gen-Probe Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock drug testing

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Theresa Couture
---

*Investments must be itemized.*  
*Do not attach brokerage or financial statements.*

▶ NAME OF BUSINESS ENTITY  
Gilead

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hess Corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock energy

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Heinz

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock food stock

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hewlett-Packard

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hess corporation

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock global independent energy

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
HXL Hexcel corp

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock-Carbon fiber and composites for aerospace

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Theresa Couture

NAME OF BUSINESS ENTITY
i Shares MSCI EAFE Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
mutual funds
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
Industrial Sector SPDR
GENERAL DESCRIPTION OF THIS BUSINESS
common stock industrials
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
i Shares MSCI Emerging Markets
GENERAL DESCRIPTION OF THIS BUSINESS
mutual funds emerging markets worldwide
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
Int'l Business Machines
GENERAL DESCRIPTION OF THIS BUSINESS
common stock technology
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
i Shares S&P Small cap 600 index
GENERAL DESCRIPTION OF THIS BUSINESS
common stock financial news
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

NAME OF BUSINESS ENTITY
Invesco Ltd
GENERAL DESCRIPTION OF THIS BUSINESS
common stock investment products
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock

Comments:

**SCHEDULE A-1**

**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

<p><b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name Theresa Couture</p>
---

▶ NAME OF BUSINESS ENTITY  
Materials Select Sector SPDR

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock consumer products

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Paychex Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock business payroll systems

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Microsoft corp

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Praxair Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock industrial gases

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Navartis AG Spon ADR

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock medicals, drug testing

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
qualcomm

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock mobile technologies

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 19  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Theresa Couture

NAME OF BUSINESS ENTITY
Royal Dutch Shell PLC
GENERAL DESCRIPTION OF THIS BUSINESS
common stock energy
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
Sun Hydraulics Corp
GENERAL DESCRIPTION OF THIS BUSINESS
common stock hydraulic components
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
S & P 500 Depository Receipt
GENERAL DESCRIPTION OF THIS BUSINESS
mutual fund
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
T Rowe Price Group Inc
GENERAL DESCRIPTION OF THIS BUSINESS
common stock financial services
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
Schlumberger LTD
GENERAL DESCRIPTION OF THIS BUSINESS
common stock technology
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
Technology Sector SPDR
GENERAL DESCRIPTION OF THIS BUSINESS
common stock technology
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Theresa Couture

▶ NAME OF BUSINESS ENTITY  
 Texas Instruments

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock digital signal processors

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 Travelers Company Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock insurance

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 ThermoFisher Scientific

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock laboratory instruments

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 US Bancorp

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock financial services

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 TJX companies

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock retail fashions

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
 Utilities Sector SPDR

GENERAL DESCRIPTION OF THIS BUSINESS  
 common stock utilities

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/19      12 / 09 / 19  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Theresa Couture

▶ NAME OF BUSINESS ENTITY  
Verizon Communications

GENERAL DESCRIPTION OF THIS BUSINESS  
cell phone technologies

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      12/09/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
VM Ware Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
common stock technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/19      \_\_\_\_/\_\_\_\_/19  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_





**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Theresa Couture	

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Theresa May Inc

ADDRESS (Business Address Acceptable)  
 161 s San antonio Rd, Los Altos

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 residential real estate

YOUR BUSINESS POSITION  
 real estate broker

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                 \$1,001 - \$10,000

\$10,001 - \$100,000         OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 residential real estate  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED     No Income - Business Position Only

\$500 - \$1,000                 \$1,001 - \$10,000

\$10,001 - \$100,000         OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Page 1 of 1

For Official Use Only

Statement covers period from 07/01/2020 through 09/19/2020

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

11/03/2020

CITY CLERK'S OFFICE SEP 22 P 12:39

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement CITY OF LOS ALTOS CA

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1430863

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Terri Couture for City Council 2020

STREET ADDRESS (NO P.O. BOX)

903 Parma Way

CITY STATE ZIP CODE AREA CODE/PHONE

Los Altos Ca 94024 6509965277

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

Terri Couture

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Altos Ca 94024 6509965277

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/21/2020 Date

Executed on 9/21/2020 Date

Executed on Date

Executed on Date

By [Redacted] Treasurer

By [Redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Redacted] 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

Terri Couture

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

City Council Los Altos

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

903 Parma Way Los Altos Ca 94024

**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
----------------------	--------------	---

**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 <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**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
I.D. NUMBER <b>1430863</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Terri Couture for city Council 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1100.</u>	\$ <u>1100.</u>
2. Loans Received..... Schedule B, Line 3	<u>14100.</u>	<u>14100.</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>14600.</u>	\$ <u>14600.</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>14600</u>	\$ <u>14600.</u>

**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	\$ _____	\$ <u>1100.</u>
21. Expenditures Made	\$ _____	\$ <u>13382.24</u>

**Expenditures Made**

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ _____	\$ <u>13382.24</u>
7. Loans Made..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>13382.24</u>	\$ <u>13382.24</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>13382.24</u>	\$ <u>13382.24</u>

**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
no / 3 / 2020	\$ <u>13382.24</u>
_____/_____/_____	\$ _____

**Current Cash Statement**

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
--	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>14100.</u>

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 from <u>7/01/2020</u> through <u>9/19/2020</u>	<b>CALIFORNIA 460 FORM</b>
	Page <u>4</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Terri Couture for city council 2020</b>	I.D. NUMBER <b>1430863</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2020	Ben Lenail 1441 Hamilton, 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	board member, ALD connect	250.	250.	
9/8/2020	Dottie Monroe 1727 S Springer Ave., #B, 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	realtor, Compass	50.	50.	
9/8/2020	Kathryn Tomaino 650 Greenview Place, 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	realtor, Coldwell Banker	100.	100.	
9/08/2020	Nancy Bhagat 445 Guadalupe Dr, 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales & marketing, Maribell group	100.	100.	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>					<b>500.</b>	

## Schedule A Summary

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

\*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  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Terri Couture for City Council 2020</b>	I.D. NUMBER <b>1430863</b>
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2020	Kathy Bridgman, Yerba Santa, 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Compass	500.	500.	
9/14/2020	Kiersten Ligheti, Tyndall, 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Compass	100.	100.	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 1100
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 1100

\*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.

Statement covers period  
from 7/01/2020  
through 9/19/2020

**CALIFORNIA 460 FORM**

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NAME OF FILER

Terri Couture for city council 2020

I.D. NUMBER

1430863

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
Terri Couture † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	realtor, coldwell Banker	0	9100.	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ 9100. Aug 8, 2021 DATE INCURRED	CALENDAR YEAR \$ 9100 PER ELECTION** \$ _____
Terri Couture † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	realtor, coldwell Banker	9100	4000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ 4000 Sept 14, 20 DATE INCURRED	CALENDAR YEAR \$ 14100. PER ELECTION** \$ _____
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>								

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

**Schedule B Summary**

- Loans received this period ..... \$ 14100.  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(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 \$ 14100.**  
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.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/01/2020</u> through <u>9/19/2020</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Terri Couture for city council 2020

**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
Anthony Templer	WEB	internet web site set up	1460.
Wells Fargo	OFC	wire charge to pay Anthony Templer	30.
city of Los Altos	FIL	campaign statement for printing on ballots	2620.

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

**SUBTOTAL \$ 4110.**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 13382.24
2. Unitemized payments made this period of under \$100.....	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 13382.24</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/01/2020</u> through <u>9/09/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Terri Couture for city council 2020

**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
Wells fargo	OFC		checks for Campaign	124.10
Save prop 13	LIT		campaign mailing	496.6
Taxifornai Tax fighters news letter	LIT		campaign mailing	496.6
Women's Voice	LIT		campaign mailing	496.6
California Public Safety Guide	LIT		campaign mailing	496.6

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

**SUBTOTAL \$ 2110.5**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/01/2020</u> through <u>9/09/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Terri Couture for city council 2020

**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
National Tax limitation voter guide	LIT		campaign mailing	496.6
Budget Watch Dogs	LIT		campaign mailing	1172.
Election Digest	LIT		campaign mailing	777.
Cal Voter guide	LIT		campaign mailing	270.
Cal Sal Guide	LIT		campaign mailing	515.

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

**SUBTOTAL \$ 3230.60**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/01/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Terri Couture for city council 2020

**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
Cops voter guide	LIT		campaign mailing	743.
No party preference	LIT		campaign mailing	435.
Election Digest	LIT		campaign mailing	777.
Vinyl Tech signs	CMP		campaign signs	1503.12
kinkos Printing	CMP		campaign posters	398.20

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

**SUBTOTAL \$ 3856.14**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/01/2020</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Terri Couture for city council 2020

**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
City of Los Altos	FIL		campaign filing fee	25.
secretary of State - California	LIT		campaign filing fee	50.

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

**SUBTOTAL \$ 75.**