

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp	CALIFORNIA FORM 410
CITY 2020 MAY 7 AM 11 30 CITY OF LOS ALTOS CALIFORNIA	
For Official Use Only	

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
---------------------------------	------------------------------------	--

NAME OF COMMITTEE
Sally Meadows for Los Altos City Council 2020

STREET ADDRESS (NO P.O. BOX)
120 Arbuolo Way

CITY Los Altos	STATE CA	ZIP CODE 94022	AREA CODE/PHONE 650-949-4019
--------------------------	--------------------	--------------------------	--

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
sallymeadows4council@gmail.com

COUNTY OF DOMICILE Santa Clara	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Los Altos
--	--

NAME OF TREASURER
Marie Young

STREET ADDRESS (NO P.O. BOX)
120 Arbuolo Way

CITY Los Altos	STATE CA	ZIP CODE 94022	AREA CODE/PHONE 650-949-4019
--------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)
Sally Meadows

STREET ADDRESS (NO P.O. BOX)
250 S. Gordon Way

CITY Los Altos	STATE CA	ZIP CODE 94022	AREA CODE/PHONE 650-948-8308
--------------------------	--------------------	--------------------------	--

Attach additional information on appropriately labeled continuation sheets.

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	April 30, 2020	By	[Redacted Signature]	TREASURER OR ASSISTANT TREASURER
Executed on	April 30, 2020	By	[Redacted Signature]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Clear Page **Print**

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME
Sally Meadows for Los Altos City Council 2020

I.D. NUMBER

i. 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

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

ii. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

Clear Page

Print

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
Sally Meadows for Los Altos City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION N/A - Not yet qualified	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

I. 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		
			Nonpartisan	Partisan	
Sally Meadows	Los Altos City Council member	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Clear Page

Print

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>May</u> / <u>30</u> / <u>2020</u>	Date of termination ____ / ____ / ____

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY CLERK'S OFFICE	
2020 JUN -9 A 11: 18	
CITY OF LOS ALTOS CA	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <u>1426463</u> <i>(if applicable)</i>							
NAME OF COMMITTEE <u>Sally Meadows for Los Altos City Council 2020</u>				NAME OF TREASURER <u>Marie Young</u>			
STREET ADDRESS (NO P.O. BOX) <u>120 Arbuelo Way</u>				STREET ADDRESS (NO P.O. BOX) <u>120 Arbuelo Way</u>			
CITY <u>Los Altos</u>	STATE <u>CA</u>	ZIP CODE <u>94022</u>	AREA CODE/PHONE <u>650-949.4019</u>	CITY <u>Los Altos</u>	STATE <u>CA</u>	ZIP CODE <u>94022</u>	AREA CODE/PHONE <u>650.949.4019</u>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>sally@sallyforlosaltos.com</u>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <u>Santa Clara</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Los Altos</u>		CITY <u>Los Altos</u>			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				NAME OF PRINCIPAL OFFICER(S) <u>Sally Meadows</u>			
				STREET ADDRESS (NO P.O. BOX) <u>250 S. Gordon Way</u>			
				CITY <u>Los Altos</u>	STATE <u>CA</u>	ZIP CODE <u>94022</u>	AREA CODE/PHONE <u>650.948.8308 8308</u>

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 <u>May 30, 2020</u>	By 	TREASURER OR ASSISTANT TREASURER
Executed on <u>May 31, 2020</u>	By 	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Sally Meadows for Los Altos City Council 2020	I.D. NUMBER 1426463
---	------------------------

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

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 650.947.1640	BANK ACCOUNT NUMBER 2803174818
ADDRESS 100 Main Street	CITY Los Altos	STATE CA
		ZIP CODE 94022

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		
Sally Meadows	Los Altos City Council member	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
I.D. NUMBER
1426463

COMMITTEE NAME
Sally Meadows for Los Altos City Council 2020

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

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.

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
CITY CLERK'S OFFICE
2020 JUL 27 P 1:59

Statement covers period
from January 1, 2020
through June 30, 2020

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

SEE INSTRUCTIONS ON REVERSE

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

CITY OF LOS ALTOS CA

Committee Information I.D. NUMBER
1426463

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Sally Meadows for Los Altos City Council 2020

STREET ADDRESS (NO P.O. BOX)
120 Arbuelo Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>650-949-4019</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
sally@sallyforlosaltos.com

Treasurer(s)

NAME OF TREASURER
Marie Young

MAILING ADDRESS
120 Arbuelo Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>650-949-4019</u>

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 July 27, 2020 Date

Executed on July 27, 2020 Date

Executed on _____ Date

Executed on _____ Date

By _____ 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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sally Meadows

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

Member, Los Altos City Council

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

250 S. Gordon Way Los Altos CA 94022

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>January 1, 2020</u>	CALIFORNIA FORM 460
through <u>June 30, 2020</u>	
Page <u>3</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elly Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>3,098.21</u>	\$ <u>3,098.21</u>
Loans Received..... Schedule B, Line 3	<u>2,000.00</u>	<u>2,000.00</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>5,098.21</u>	\$ <u>5,098.21</u>
Nonmonetary Contributions..... Schedule C, Line 3	<u>2.75</u>	<u>2.75</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>5,100.96</u>	\$ <u>5,100.96</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
Payments Made..... Schedule E, Line 4	\$ <u>337.85</u>	\$ <u>337.85</u>
Loans Made..... Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>337.85</u>	\$ <u>337.85</u>
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>39.64</u>	<u>39.64</u>
Nonmonetary Adjustment..... Schedule C, Line 3	<u>2.75</u>	<u>2.75</u>
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>380.24</u>	\$ <u>380.24</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0.00</u>
Cash Receipts..... Column A, Line 3 above	<u>5,098.21</u>
Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0.00</u>
Cash Payments..... Column A, Line 8 above	<u>337.85</u>
ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,760.36</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).

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

LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0.00</u>
--	----------------

Cash Equivalents and Outstanding Debts

Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>2,039.64</u>

*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

Statement covers period from <u>January 1, 2020</u> through <u>June 30, 2020</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>

INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

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)
May 12, 2020	Sally Meadows 250 S. Gordon Way 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	Retired	\$348.21	\$348.21	
May 27, 2020	Lyubov S. Kipnis 3406 Shady Spring Lane Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$2,000.00	\$2,000.00	
June 29, 2020	Margaret Bruno 545 Pine Lane 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	Retired	\$250.00	\$250.00	
June 30, 2020	Marie Young 120 Arbuelo Way 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	Retired	\$500.00	\$500.00	
		<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.) \$ 3,098.21

Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,098.21

*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 January 1, 2020
through June 30, 2020

CALIFORNIA FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

olly Meadows for Los Altos City Council 2020

I.D. NUMBER
1426463

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 CONTRIBUTION TO DATE
				<input type="checkbox"/> PAID \$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00				
olly Meadows 50 S. Gordon Way Los Altos, CA. 94022 IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00	<input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 DATE DUE	0 % RATE \$ 0.00	\$ 2,000.00 6/1/2020 DATE INCURRED	CALENDAR YEAR \$ 2,000.00 PER ELECTION \$ 2,000.00
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 \$ _____
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 \$ _____
SUBTOTALS \$								\$	\$

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

Schedule B Summary

Loans received this period \$ _____
(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 \$** _____

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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period
from January 1, 2020
through June 30, 2020

CALIFORNIA FORM 46
Page 6 of 8

SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

Illy Meadows for Los Altos City Council 2020

I.D. NUMBER
1426463

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00

Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 2.75

Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 2.75

*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.

SCHEDULE

Statement covers period
from January 1, 2020
through June 30, 2020

CALIFORNIA FORM 46

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

ally Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

INSTRUCTIONS: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| IP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| B contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| E independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| G legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| 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
oDaddy/PayPal 11 N. First St. n Jose, CA 95131	WEB		226.05

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

SUBTOTAL \$ 226.05

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 226.05
Unitemized payments made this period of under \$100	\$ 111.80
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 337.85

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>January 1, 2020</u> through <u>June 30, 2020</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lily Meadows for Los Altos City Council 2020

I.D. NUMBER
1426463

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| IP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| S campaign consultants | MTG meetings and appearances | RFD returned contributions |
| B contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| G legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
SUBTOTALS \$					

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

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 39.64

Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00

Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 39.64

May be a negative number

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only
	MAY 7 09 11 20

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Meadows, Sally	DAYTIME TELEPHONE NUMBER (650) 948-8308	FAX NUMBER (optional) ()	EMAIL (optional) sally.meadows.losaltos@gmail.com
STREET ADDRESS 250 S Gordon Way	CITY Los Altos	STATE CA	ZIP CODE 94022
OFFICE SOUGHT (POSITION TITLE) City Council member	AGENCY NAME City of Los Altos	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <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 April 23, 2020
(month, day, year)

Signature [REDACTED]

**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)
Meadows Sally CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms) 2020 JUL 27 P 2:01
City of Los Altos CITY OF LOS ALTOS CA
Division, Board, Department, District, if applicable Your Position
Candidate, Member City Council

▶ 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Los Altos Other _____

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 11/03/2020 and office sought, if different than Part 1: Member City Council

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

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)
1 North San Antonio Road Los Altos, CA 94022

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(650) 947-2700 sally@sallyforlosaltos.com
achlomongos@losaltosca.gov

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 July 27, 2020 Signature _____
(month, day, year) (file the originally signed paper statement with your filing official.)

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>22</u>
	For Official Use Only
CITY CLERK'S OFFICE	
2020 SEP 24 P 8:13	

Statement covers period from <u>July 1, 2020</u> through <u>September 19, 2020</u>	Date of election if applicable: (Month, Day, Year) <u>November 3, 2020</u>
--	--

E INSTRUCTIONS ON REVERSE

<p>Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small></p>	<p>2. Type of Statement:</p> <p><input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report</p>
--	---

<p>Committee Information</p> <p>I.D. NUMBER <u>1426463</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Sally Meadows for Los Altos City Council 2020</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>120 Arbuelo Way</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Los Altos</u></td> <td><u>CA</u></td> <td><u>94022</u></td> <td><u>6509494019</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>120 Arbuelo Way</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>Sally@sallyforlosaltos.com</u></p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>6509494019</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE					<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Marie Young</u></p> <p>MAILING ADDRESS <u>120 Arbuelo Way</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Los Altos</u></td> <td><u>CA</u></td> <td><u>94022</u></td> <td><u>6509494019</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>6509494019</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
CITY	STATE	ZIP CODE	AREA CODE/PHONE																														
<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>6509494019</u>																														
CITY	STATE	ZIP CODE	AREA CODE/PHONE																														
CITY	STATE	ZIP CODE	AREA CODE/PHONE																														
<u>Los Altos</u>	<u>CA</u>	<u>94022</u>	<u>6509494019</u>																														
CITY	STATE	ZIP CODE	AREA CODE/PHONE																														

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 <u>9/22/2020</u> Date	By <u>[Redacted]</u> Assistant Treasurer
Executed on <u>9/22/2020</u> Date	By _____ 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**

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Sally Meadows

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member, Los Altos City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
250 S. Gordon Way Los Altos CA 94022

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>July 1, 2020</u>	CALIFORNIA FORM 460
through <u>September 19, 2020</u>	
Page <u>3</u> of <u>22</u>	I.D. NUMBER 1426463

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos 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>20,468.00</u>	\$ <u>23,318.00</u>
2 Loans Received..... Schedule B, Line 3	<u>0</u>	<u>2,000.00</u>
3 SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>20,468.00</u>	\$ <u>25,318.00</u>
4 Nonmonetary Contributions..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5 TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>20,468.00</u>	\$ <u>25,318.00</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	\$ _____	\$ _____
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	\$ <u>13,249.87</u>	\$ <u>13,589.92</u>
7 Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>13,249.87</u>	\$ <u>13,589.92</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>13,249.87</u>	\$ <u>13,589.92</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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12 Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>2,509.95</u>
13 Cash Receipts..... Column A, Line 3 above	<u>20,468.00</u>
14 Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15 Cash Payments..... Column A, Line 8 above	<u>13,249.87</u>
16 ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,728.08</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.

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>2,000.00</u>

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1, 2020
through September 19, 2020

CALIFORNIA FORM 460

Page 4 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

I.D. NUMBER
1426463

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	Please see attached- 5 6 pages	<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.) \$ 18,250.00

Amount received this period – unitemized monetary contributions of less than \$100 \$ 2,218.00

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 20,468.00

*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

FPPC Form 460. Schedule A. Monetary Contributions Received. July 1-September 19, 2020

Page 1/5

Date	Donor	Address	Occ/Employer	Code	Amount this period	Cumulative YTD
7-Jul-20	Sally Meadows	250 S Gordon Way, Los Altos 94022	Retired	ind	\$ 100	\$ 448
7-Jul-20	Ginny Lear	101 Second St., #16, Los Altos 94022	Retired	ind	\$ 250	\$ 250
11-Jul-20	Audrey Fox	529 Monterey Ave, Los Gatos 95030	consultant, self-employed Fox Consulting	ind	\$ 500	\$ 500
16-Jul-20	Ian Massey	250 S. Gordon Way, Los Altos 94022	CEO, GABA Therapeutics	ind	\$ 1,000	\$ 1,000
16-Jul-20	Michael Crockett	2125 Cedar St., San Carlos, 94070	Sr. Biotech Consultant, self employed	ind	\$ 500	\$ 500
19-Jul-20	Diana Neiman	661 Milverton Rd, Los Altos, 94022	Retired	ind	\$ 100	\$ 100
21-Jul-20	Phoebe Bressack	21 Osage Ave., Los Altos, 940022	Architect, Bressack and Wasserman Architects	ind	\$ 100	\$ 100
21-Jul-20	Brenda Taussig	461 Van Buren St., Los Altos 94022	Retired	ind	\$ 250	\$ 250
21-Jul-20	Gary Hedden	605 Harrington Ave., Los Altos, 94024	Retired	ind	\$ 250	\$ 250
21-Jul-20	Jean Mordo	530 Lassen St., Los Altos, 94022	Retired	ind	\$ 500	\$ 500
22-Jul-20	Chuck Lindauer	385 Chery Ave., Los Altos, 94022	Database designer, self	ind	\$ 100	\$ 100
22-Jul-20	Pat and Betty Farrell	542 Glen Alto Dr., Los Altos, 94024	Retired	ind	\$ 250	\$ 250
23-Jul-20	Neil & Karen Bonke	35 Deep Well Lane, Los Altos, 94022	Retired	ind	\$ 100	\$ 100
23-Jul-20	Mark Rogge	981 Terrace Dr., 94024	Retired	ind	\$ 100	\$ 100

6/22

FPPC Form 460. Schedule A. Monetary Contributions Received. July 1-September 19, 2020						Page <u>2/5</u>
Date	Donor	Address	Occ/Employer	Code	Amount this Period	Cumulative YTD
23-Jul-20	Linda Eckols	709 Glenborough Dr., Mountain View 94041	Retired	ind	\$ 100	\$ 100
23-Jul-20	John Caulfield	59 Citation Dr., Los Altos 94024	Retired	ind	\$ 100	\$ 100
23-Jul-20	Martha McClatchie	1318 Holly Ave., Los Altos, 94024	Accountant, Babblelabs	ind	\$ 250	\$ 250
23-Jul-20	Kim Graham	1844 Orangetree Ln, Mountain View, 94040	Retired	ind	\$ 250	\$ 250
24-Jul-20	Ronald Stefani	1450 Ranchita Ct., Los Altos, 94024	Attorney/mediator, self	ind	\$ 100	\$ 100
24-Jul-20	Anne Kearns	885 Clinton Rd., Los Altos, 94024	Retired	ind	\$ 100	\$ 100
25-Jul-20	Sepideh Zoufounon	124 Second St., #2, Los Altos, 94022	Nutritionist, self	ind	\$ 250	\$ 250
25-Jul-20	Donna J. Verna	477 Lassen St., Unit 1, Los Altos, 94022	Professional fiduciary, self	ind	\$ 500	\$ 500
25-Jul-20	Heather W. Grillo	1181 Lammy Place, Los Altos Ca, 94024	Retired	ind	\$ 100	\$ 100
27-Jul-20	Mimi Abdollahi	940 Damian Way, Los Altos, CA 94024	Hairdresser, self	ind	\$ 100	\$ 100
27-Jul-20	Clari Nolet	670 Meadow Ln., Los Altos, CA 94022	Sr. Financial Advisor, Team Hewins	ind	\$ 100	\$ 100
27-Jul-20	Robert S. Wilhelm	90 Hillview Ave., Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
30-Jul-20	Crysta Krames	431 University Ave., Los Altos, CA 94022	Director, Fremont Hospital	ind	\$ 100	\$ 100
31-Jul-20	Bob and Lois Adams	23100 Via Esplendor, Villa 46, Cupertino, CA 95014	Retired	ind	\$ 100	\$ 100
31-Jul-20	Sally and Mario Chaves	49 Yerba Buena Ave., Los Altos, CA 94022	Retired	ind	\$ 200	\$ 200

FPPC Form 460. Schedule A. Monetary Contributions Rec'd 7/1-9/19/20 Page 3/5

31-Jul-20	David Smith	425 Monterey Place, Los Altos, CA 94022	CEO, AutoSalesVelocity	ind	\$ 250	\$ 250
31-Jul-20	Claudia Coleman	122 Doud Dr., Los Altos, CA 94022	Retired	ind	\$ 500	\$ 500
3-Aug-20	Lindsay Carpenter	68 Baytree Lane, Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
3-Aug-20	Mel and Mady Kahn	410 Magdalena Ave., Los Altos 94024	Property owner downtown	ind	\$ 200	\$ 200
3-Aug-20	Sam and Janet Harding	22 Doud Dr, Los Altos, CA 94022	retired	ind	\$ 250	\$ 250
5-Aug-20	Jude Kirik	156 Pepper Dr., Los Altos, CA 94022	Architect	ind	\$ 250	\$ 250
5-Aug-20	Dick Henning	1915 Milano Way, Mountain View, CA 940	Retired	ind	\$ 250	\$ 250
6-Aug-20	Vicki Reeder	35 Mayer Court, Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
6-Aug-20	George Limbach	373 Pine Lane, Los Altos, CA 94022	Retired	ind	\$ 250	\$ 250
7-Aug-20	Margaret Becker Edwards	25031 La Loma Drive, Los Altos Hills, CA 94022	Retired	ind	\$ 100	\$ 100
8-Aug-20	Elayne Dauber	148 Garland Way, Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
11-Aug-20	Katherine Tynan	212A Chattanooga St., San Francisco, CA 94114	Business, Tynan Consulting	ind	\$ 100	\$ 100
11-Aug-20	Renee Martin & Tim Williams	20830 Moody Rd., Los Altos Hills, CA 94022	Retired	ind	\$ 100	\$ 100
11-Aug-20	Debby Meredith	460 Van Buren St., Los Altos, CA 94022	Consultant, self	ind	\$ 500	\$ 500
14-Aug-20	Clyde Coombs	373 Pine Lane, A-316, Los Altos, CA 94022	Retired	ind	\$ 250	\$ 250
15-Aug-20	Frank & Marian Verlot	986 Spencer Way, Los Altos, CA 94024	Retired	ind	\$ 250	\$ 250
19-Aug-20	Julie Rose	938 Clark Ave. #31, Mountain View, CA 94040	Retired	ind	\$ 100	\$ 100

FPPC Form 460. Schedule A. Monetary Contributions Received. July 1-September 19, 2020						Page 4/5
Date	Donor	Address	Occ/Employer	Code	Amount this Period	Cumulative YTD
19-Aug-20	Arthur Carmichael	261 Covington Rd., Los Altos, CA 94024	Retired	ind	\$ 200	\$ 200
22-Aug-20	Joan LeMahieu	690 Orange Ave., Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
22-Aug-20	John Cardoza	431 Los Pajaros Ct., Los Altos, CA 94024	Retired	ind	\$ 100	\$ 100
22-Aug-20	Daphne Ross	910 Oxford Drive, Los Altos, CA 94024	Educator/activist; ER=none	ind	\$ 100	\$ 100
22-Aug-20	Bonnie Burdett Walker	126 Isabella Ave., Atherton, CA 94027	Professional fiduciary, Prime Fiduciary Services	ind	\$ 250	\$ 250
22-Aug-20	Cathy and Steve Lazarus	2062 Cynthia Way, Los Altos, CA 94024	Retired	ind	\$ 300	\$ 300
24-Aug-20	Wendy Walleigh	1050 Fremont Ave, Los Altos, CA 94024	Retired	ind	\$ 250	\$ 250
24-Aug-20	Leonard Edwards	25031 La Loma Dr., Los Altos Hills, CA 94022	Retired	ind	\$ 500	\$ 500
26-Aug-20	Steve Geisheker	446 Casita Ct., Los Altos, CA 94022	Retired	ind	\$ 250	\$ 250
26-Aug-20	Liz and Paul Nyberg	67 Sevilla, Los Altos, CA 94022	Retired	ind	\$ 250	\$ 250
26-Aug-20	Jie Bai	PO Box 582, Los Altos, CA 94023	President, Chinese School of Los Altos	ind	\$ 500	\$ 500
28-Aug-20	Rachel Grate	250 S. Gordon Way, Los Altos, CA 94022	Head of Brand Marketing, Tiquets	ind	\$ 200	\$ 200
28-Aug-20	Sally Meadows	250 S. Gordon Way, Los Altos, CA 94022	Retired	ind	\$ 1,000	\$ 1,448
29-Aug-20	Randall Kriegh	781 Linden St., Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100

9/22

FPPC Form 460. Schedule A. Monetary Contributions Received. July 1-September 19, 2020						Page 5/5
Date	Donor	Address	Occ/Employer	Code	Amount this Period	Cumulative YTD
29-Aug-20	→ for SILVAR CREPAC #890106	515 S. Figueroa St., STE. 1101, Los Angeles, CA 90071	Political Action Committee	com	\$ 2,000	\$ 2,000
31-Aug-20	Claiborne Brown	521 San Felicia Way, Los Altos, CA 94022	Market Researcher, Adobe	ind	\$ 100	\$ 100
2-Sep-20	Cheryl Weiden	91 Solana Drive, Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
Sept. 3, 2020	Russ Satake	2128 Stonehaven, Los Altos, CA 94024	Retired	ind	\$ 100	\$ 100
Sept. 4, 2020	Emily Thurber	694 Benvenue Ave, Los Altos, CA 94024	Retired	ind	\$ 100	\$ 100
Sept. 6, 2020	Joe Beninato	809 Cuesta Dr., B#2222, Mountain View, CA 94040	Investor, Self	ind	\$ 500	\$ 500
Sept. 7, 2020	Mary Prochnow	164 Main St., Los Altos, CA 94022	Real Estate Broker, Prochnow Realtors	ind	\$ 250	\$ 250
Sept. 10, 202	Judith Hooper	1315 Ensenada Way, Los Altos, CA 94024	Retired	ind	\$ 100	\$ 100
Sept. 10, 202	Nomi Trapnell	648 University Ave., Los Altos, CA 94022	Retired	ind	\$ 100	\$ 100
Sept. 10, 202	Karen Tuzman	770 Chestnut St., San Carlos, CA 94079	Editor, BioCentury Inc.	ind	\$ 100	\$ 100
Sept. 12, 202	Roy Lave	690 University Ave., Los Altos, CA 94022	Retired	ind	\$ 250	\$ 250
Sept. 14, 202	Mark Noguchi	820 Nash Rd., Los Altos, CA 94024	Retired	ind	\$ 250	\$ 250
TOTAL					\$ 18,250	\$ 19,046

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2020</u> through <u>September 19, 2020</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>22</u>
I.D. NUMBER 1426463	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

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
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
None		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____				

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

Schedule B Summary

Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period \$ 0
(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

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 B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2020
through September 19, 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sally Meadows for Los Altos City Council 2020

I.D. NUMBER
1426463

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
none NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	

SUBTOTAL \$ 0

Enter on Summary Page, Line 17 only.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>July 1, 2020</u>	CALIFORNIA FORM 460
through <u>September 19, 2020</u>	
Page <u>12</u> of <u>22</u>	
I.D. NUMBER 1426463	

SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

Sally Meadows for Los Altos City Council 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 0

Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0

Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 0

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>July 1, 2020</u> through <u>September 19, 2020</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>22</u>
I.D. NUMBER 1426463	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL				\$ 0		

Schedule D Summary

Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0

Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0

Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** .. \$ 0

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2020</u>	CALIFORNIA FORM 460
through <u>September 19, 2020</u>	
Page <u>14</u> of <u>22</u>	
I.D. NUMBER 1426463	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Sally Meadows for Los Altos City Council

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 |
| CTC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| CV candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FIL fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| FND 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
Please see 8 4 pages attached				

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

SUBTOTAL \$

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>12,710.57</u>
Unitemized payments made this period of under \$100	\$ <u>539.30</u>
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>13,249.87</u>

FPPC Form 460 Schedule E. Payments Made. July 1-September 19, 2020

p. 1/4

Date	Vendor	Purpose	Code	Amount
2-Jul-20	Office Depot, 910 El Monte Ave, Mountain View 94040		OFC	\$ 16.01
2-Jul-20	USPS 1525 Miramonte Ave., Los Altos, CA 94024		POS	\$ 165.00
7-Jul-20	USPS, 221 Main St., Los Altos, CA. 94022		POS	\$ 70.00
7-Jul-20	Signs on the Cheap, 11525A Stonehollow Dr., Ste 100, Austin, TX 78758		CMP	\$ 2,259.13
July 10, 2020	Paperless Post, 115 Broadway, New York, NY 10006		CMP	\$ 50.00
July 10, 2020	Zoom Video Communications, Inc., 55 Almaden Blvd, 6th Floor, San Jose, CA 95113		MTG	\$ 14.99
July 16, 2020	AID Mailing & Fulfillment, 1988 Leghorn St., Ste A, Mountain View, CA 94043		FND	\$ 902.52
July 27, 2020	City of Los Altos, 1 N. San Antonio Rd., Los Altos, CA 94022		FIL	\$ 25.00
July 27, 2020	City of Los Altos, 1. N. San Antonio Rd., Los Altos, CA 94022		FIL	\$ 2,620.00

15/22

August 9, 2020	Studio EM Graphic Design, 974 Yorkshire Dr., Los Altos, CA 94024		LIT	\$ 2,726.00
August 10, 2020	Zoom Video Communications, Inc., 55 Almaden Blvd, 6th Floor, San Jose, CA 95113		MTG	\$ 14.99
August 10, 2020	Banners on the Cheap, 11525A Stonehollow Dr., Ste 100, Austin, TX 78758		CMP	\$ 55.85
August 14, 2020	Santa Clara County Registrar Of Voters, 1555 Berger Dr., San Jose, CA 95112		LIT	\$ 129.00
August 20, 2020	Los Altos Town Crier, 132 Main St., Los Altos, CA 94022		PRT	\$ 580.00
August 21, 2020	AID Mailing & Fulfillment, 1988 Leghorn St., Ste A, Mountain View, CA 94043		CMP	\$ 109.00
August 25, 2020	Raise the Money, P.O. Box 26466, Little Rock, AR 72221		FND	\$ 201.17
August 29, 2020	USPS, 1100 Broadway St., Redwood City, CA 94063		POS	\$ 77.00
August 31, 2020	USPS, 221 Main St., Los Altos, CA. 94022		POS	\$ 175.00

16/22

September 1, 2020	Los Altos Town Crier, 132 Main St., Los Altos, CA 94022	1/2 page print ad + digital banner for week of 9/9		\$ 902.50
4-Sep-20	AID Mailing & Fulfillment, 1988 Leghorn St., Ste A, Mountain View, CA 94043		CMP	\$ 136.25
8-Sep-20	Los Altos Town Crier, 132 Main St., Los Altos, CA 94022	1/2 page print ad + digital banner for week of 9/16		\$ 902.50
7-Sep-20	Raise the Money, P.O. Box 26466, Little Rock, AR 72221		FND	\$ 79.18
10-Sep-20	Zoom Video Communications, Inc., 55 Almaden Blvd, 6th Floor, San Jose, CA 95113		FND	\$ 14.99
15-Sep-20	Los Altos Town Crier, 132 Main St., Los Altos, CA 94022	1/2 page print ad + digital banner for week of 9/23		\$ 902.50
15-Sep-20	Raise the Money, P.O. Box 26466, Little Rock, AR 72221		FND	\$ 46.30

17/22

FPPC Form 460 Sch E Payments Made 7/1-9/19/20

14-Sep-20	Mail Chimp, c/o The Rocket Science Group, LLC, 675 Ponce de Leon Ave, NE, Ste 5000, Atlanta, GA 30308		LIT	\$ 74.99
TOTAL for period				\$13,249.87

18/22

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period from July 1, 2020 through September 19, 2020	CALIFORNIA FORM 460
	Page 20 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Silly Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Marie Young

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNIS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CV/C civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FILE candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FE/D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| FE/D 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Marie Young 120 Arbuvelo Way LOS ALTOS, CA 94022		Yard signs + banners Postage Office supplies	2,780.63

Each additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,780.63

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

Statement covers period from <u>July 1, 2020</u> through <u>September 19, 2020</u>	CALIFORNIA FORM 460
	Page <u>21</u> of <u>22</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NONE		\$ 0	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0		

Loans that are contributions to another candidate or committee must so be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

Loans made this period.....\$ 0
 (Total Column (b) plus unitemized loans of less than \$100.)
 Payments received on loans.....\$ 0
 (Total Column (c) plus unitemized payments of less than \$100.)
 Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
 (Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
 from July 1, 2020
 through September 19, 2020

CALIFORNIA FORM 460

Page 22 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sally Meadows for Los Altos City Council 2020

I.D. NUMBER

1426463

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	None		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

Itemized increases to cash this period. \$ 0
 Unitemized increases to cash of under \$100 this period. \$ 0
 Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
 Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Sally Meadows for Los Altos City Council 2020			Date of This Filing September 19, 2020	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 6509494019	I.D. NUMBER (if applicable) 1426463		Report No. 1	CITY CLERK'S OFFICE 2020 SEP 22 A 10:32 CITY OF LOS ALTOS CA	
STREET ADDRESS 120 Arbuelo Way			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Altos	STATE CA	ZIP CODE 94022	No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
August 28, 2020	Sally Meadows 250 S. Gordon Way 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	Retired	\$1,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
August 29, 2020	California Real Estate Political Action Committee #890106 C/O Reed & Davidson LLP 515 S. Figueroa St., Ste1110 Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

Reason for Amendment: _____

* 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