Candidate Intention Statement		Date Stamp	FORM 501
Check One:		FIN RCUD APR1	For Official Use Only
1. Candidate Information:		Deputy	lity Clark
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) EMA	il (optional) tedailey emac.com
DAILEY PETE	CITY		CODE
STREET ADDRESS	LOS ALTOS	CA 9	4024
OFFICE SOLIGHT (POSITION TITLE) AGENCY NAME	LOS ME (03	DISTRICT NUMBER, if applicable.	NON-PARTISAN OFFICE
LOS ALTOS CITY COUNCIL		PAR	TY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
State (Complete Part 2.)		2022	PRIMARY / GENERAL
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
(Check one box) I accept the voluntary expenditure ceiling for the election of the column of the ceiling for			
Amendment:	was as as a ve	7 /	and the velopton compositions
O I did not exceed the expenditure ceiling in the p ceiling for the general or special run-off election	rimary or special election held n.	on and race	cept the voluntary expenditure
(Mark if applicable)			
On,I contributed personal funds in	excess of the expenditure ce	iling for the election stated above	/e.
Oil,Tooliubatea personal rando ii	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. Verification:			
	Otata of California that the fore	going is true and correct	
I certify under penalty of perjury under the laws of the	State of Camothia thantle fore	going is true and contoot.	
Executed on 4/13/22 Signature			
4 (mchth. day year)	(Candidate)		FPPC Form 501 (August/2018

Statement of Organization , 43 /44 9/	72 ,	Date Stamp	CALIFORNIA
Recipient Committee			CALIFORNIA 410
Statement Type Initial Amendment	ermination – See Part 5	RECEIVED AND FILE of the Office of the Secretary of the State of California	FORM 410
Date qualification threshold met Date qualification threshold met	Date of termination	JUN 16 2022	
04,14,2022		2007	
1. Committee Information I.D. Number	2. Treasurer and O	ther Principal Officers	
PETE DAILEY FER LOS ALTOS CITY COUNCIL 2022	NAME OF TREASURER JENNIGEN STREET ADDRESS (NO P.O. BOX)	R. FINNEGA	\sim
	STREET ADDRESS (NO P.O. BOX)		
15 45 TRUMAN AVE	REDDING,	CA 96002	ZIP CODE AREA CODE/PHONE
LOS ALTOS CA. 94024	NAME OF ASSISTANT TREASURER, IF		
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)		
e-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Petedq ley e maccom	CITY	STATE	ZIP CODE AREA CODE/PHONE
SAPTA CLARA JURISDICTION WHERE COMMITTEE IS ACTIVE LOS ALTOS	NAME OF PRINCIPAL OFFICER(S)		
	STREET ADDRESS (NO P.O. BOX)		93
Attach additional information on appropriately labeled continuation sheets.	СПУ	STATE	ZIP CODE AREA CODE/PHONE
3. Verification			
I have used all reasonable diligence in preparing this statement and to the best of my penalty of perjury under the laws of the State of California that the foregoing is true a	knowledge the information	n contained herein is true ar	nd complete. I certify under
Executed on \(\begin{align*} \lambda \l	and correct.		
Executed on OG/14/2022 By	PF TREASURER OR ASSISTANT TREASURER FFICEHOLDER, CANDIDATE, OR STATE MEA		
Executed on By	FFICEHOLDER, CANDIDATE, OR STATE MEA:		
Executed on By			
SIGNATURE OF CONTROLLING OF	FFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT	

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2

PETE DAILEY FOR LOS	s ALTOS	CITY CO	UNCIL	20	22			-
 All committees must list the financial institution where the cam 		ınt is located.	BANK ACCOUNT	NUMBER				
NAME OF FINANCIAL INSTITUTION WELLS FARGE BANK	65091	47-1640	STATE	ZIPC	ODE			
100 MAIN STREET	LOS	ALTOS	CA.	4	1402	2-		oscioniu
4. Type of Committee Complete the applicable sections.			起 多次等量					
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state 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 che	eck "nonpartisan." St	tating "No par	ty preferen	ce" is accep	table		
If this committee acts jointly with another controlled committee	, list the name and	d identification numb	er of the othe	er controlle	d committee	е.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECT (INCLUDE I	IVE OFFICE SOUGHT OR HEL DISTRICT NUMBER IF APPLIC	D CABLE)	YEAR OF ELECTION	PART CHECK C	Υ		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE I	IVE OFFICE SOUGHT OR HEL DISTRICT NUMBER IF APPLIC	CABLE)	YEAR OF ELECTION	PART CHECK O	Υ	(list political par	
	(INCLUDE I	IVE OFFICE SOUGHT OR HEL	CABLE)	YEAR OF ELECTION	PART CHECK O Nonpartisan	Y DNE Partisan	Demo	CRAT
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT PETE DAILEY	(INCLUDE I	IVE OFFICE SOUGHT OR HEL DISTRICT NUMBER IF APPLIC	CABLE)	YEAR OF ELECTION	PART CHECK O	Y DNE	4	CRAT
PETE DAILEY	LOS A	IVE OFFICE SOUGHT OR HEL DISTRICT NUMBER IF APPLIC	Coupen	YEAR OF ELECTION	PART CHECK O Nonpartisan	Y DNE Partisan	Demo	CRAT
	LOS A	DISTRICT NUMBER IF APPLICATION OF THE LAND CAPPLICATION OF THE LAND CAP	in a single ele	YEAR OF ELECTION 2022 ction. List	PART CHECK C Nonpartisan Nonpartisan	Y DNE Partisan Partisan	Demo	CRAT
PETE DAILEY Primarily Formed Committee Primarily formed to support or of CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	LOS À	DISTRICT NUMBER IF APPLICATION OF MALES CAMPIDATE(S) OFFICE SOUGHT OR HELD DISTRICT NUMBER IF APPLICATION OF MALES OF MA	in a single ele	YEAR OF ELECTION 2022 ction. List	PART CHECK C Nonpartisan Nonpartisan below:	Y DNE Partisan Partisan	Demo	ty below)
PETE DAILEY Primarily Formed Committee Primarily formed to support or or	LOS À	DISTRICT NUMBER IF APPLICATION OF MALES CAMPIDATE(S) OFFICE SOUGHT OR HELD DISTRICT NUMBER IF APPLICATION OF MALES OF MA	in a single ele	YEAR OF ELECTION 2022 ction. List	PART CHECK C Nonpartisan Nonpartisan below:	Y DNE Partisan Partisan	(list political par	ty below)
Primarily Formed Committee Primarily Formed Committee Primarily formed to support or of CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	LOS À	DISTRICT NUMBER IF APPLICATION OF MALES CAMPIDATE(S) OFFICE SOUGHT OR HELD DISTRICT NUMBER IF APPLICATION OF MALES OF MA	in a single ele	YEAR OF ELECTION 2022 ction. List	PART CHECK C Nonpartisan Nonpartisan below:	Y DNE Partisan Partisan	(list political par	ty below)

Statement of Organization **Recipient Committee**

Small Contributor Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM

Page 3

PETE	DALLEY	FOR	Los	ALTOS	CITY	COUNCIL	2022	I.D. NUMBER
	Committee	(Continued)						
General Purpo		ot formed to su CITY Committ		pose specific cand	idates or measu TY Committee	res in a single election. C	heck only one box mmittee	
PROVIDE BRIEF DESCRI	PTION OF ACTIVITY							
Sponsored Com	mittee List add	itional sponsor	s on an atta	chment.				
NAME OF SPONSOR				INC	DUSTRY GROUP OR AFFII	IATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET			CITY		STATI	ZIP CODE	AREA CODE/PHONE

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.

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERES **COVER PAGE**

A PUBLIC DOCUMENT

CITY CLERK'S OFFICE STS Date Initial Filing Received Filing Official Use Only

AUG 1 1 2022 0 4:45p

Please type or print in ink.				The second secon	OF LOS ALTOS
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Dailey	Pete			14/4	
. Office, Agency, or C	ourt			CEDTIFIER	AS A TRUE COPY
Agency Name (Do not use	acronyms)			OLKITTLE	AS A IRUGUUPT
Los Altos City Counc				11/21	Il Pulging
Division, Board, Department	, District, if applicable		Your Position	City Clerk,	City of Los Altos, CA
			City Councilm	ember	
► If filing for multiple positi	ons, list below or on an attachment.	(Do not use a	cronyms)		
Agency:			Position:		
2. Jurisdiction of Office	Ce (Check at least one box)		Undag Potired II	idae Pro Tem Judae	e, or Court Commissioner
State			(Statewide Jurisd	iction)	, 01 00011 00111
	Alan		3 (33)		
City of City of Los	AIIOS				
3. Type of Statement	(Check at least one box)				
	covered is January 1, 2021, through		Leaving Office	: Date Left/_	
December 3				(Check one ci	
-Of- The period of	covered is/	_, through	☐ The period leaving office		, 2021, through the date of
December 3			-Ora		, through
Assuming Office: D	ate assumed/		The period the date of	leaving office.	, unough
	Election11/08/22 and @	rr			
Candidate: Date of I	Election and (office sought, if	omerent than Fatt 1		
4. Schedule Summar	y (must complete) ► Tota	al number o	of pages including	this cover page	: 13
Schedules attach					600
	vestments - schedule attached		Schedule C - Income,	Loans, & Business F	Positions - schedule attached
	vestments – schedule attached		Schedule D - Income		
	al Property – schedule attached		Schedule E - Income -	 Gifts – Travel Payr 	nents - schedule attached
-or- None - No re	eportable interests on any sche	dule			
5. Verification		E Water Comments	AND 1-12 A 1-12		
MANUALC ADODESS	STREET	CITY		STATE	ZIP CODE
	ecommended - Public Document)	Los Alto	os	CA	94024
1545 Truman Ave. DAYTIME TELEPHONE NUMBER	R		EMAIL ADDRESS		92
			petedailey@mac	.com	
I have used all reasonable	e diligence in preparing this statement	. I have review	ved this statement and t	to the best of my know	wledge the information contained
horoin and in any attache	ed schedules is true and complete.	ackinowieuge i	allo lo a pasta attanta		
I certify under penalty of	of perjury under the laws of the Sta	ate of Californ	ia that the foregoing i	s true and correct.	
	00/44/0000		anaturo.		
Date Signed	08/11/2022 (month, day, year)	51	gnature(File the	e originally signed paper state	meur win your filing official.)
	fundamily and hand				7

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

Name PETE DAILEY

▶	NAME OF BUSINESS ENTITY	▶ 1	NAME OF BUSINESS ENTITY
	Apple Inc		Biontech
	GENERAL DESCRIPTION OF THIS BUSINESS	1	SENERAL DESCRIPTION OF THIS BUSINESS
	Computers and Other Electronics	'	Vaccines and Therapeutics
	FAIR MARKET VALUE	Ī	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 We \$1,000,000	1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1	NATURE OF INVESTMENT
	Stock Other (Describe)		Stock (Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	'	F APPLICABLE, LIST DATE:
		1 .	ACQUIRED DISPOSED
-	ACQUIRED DISPOSED	_	TO CONTENT OF THE PROPERTY OF
>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	Abbvie		Conagra Brands GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS		
	Pharmaceuticals	1 .	Consumre food brands
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000
	\$100,001 - \$1,000,000 Over \$1,000,000	1	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT
	Stock Other (Describe)		Stock (Describe)
	Partnership Income Received of \$0 - \$499		Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
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	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	IF APPLICABLE, LIST DATE.		
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	7,000	-	NAME OF BUSINESS ENTITY
	NAME OF BUSINESS ENTITY		
	Archer Daniels Midland		Campbells Soup GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS		- Production
	Agricultural Products		Soup
	FAIR MARKET VALUE		FAIR MARKET VALUE
	<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000		\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
	\$100,001 - \$1,000,000 Over \$1,000,000		
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	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		Income Received of \$500 or More (Report on Schedule C)
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			<u></u>
	ACQUIRED DISPOSED	11	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 FAIR POLITICAL PRACTICES COMMISSION

PETE DAILEY

	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	1
DISNEY	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
	PHARMACEVANILAES
ENTERTHINMENT	FAIR MARKET VALUE
FAIR MARKET VALUE	\$2,000 - \$10,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$100,001 - \$1,000,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT
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Stock Other (Describe)	Partnership Income Received of \$0 - \$499
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$500 or More (Report on Schedule C)
Partnership Income Received of \$500 or More (Report on Schedule C)	
Commence and the commence of t	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	. 24 / /21
//21//21	
ACQUIRED DISPOSED	
	SOLDMAN SACHE SUCTIVE GENERAL DESCRIPTION OF THIS BUSINESS
NAME OF BUSINESS ENTITY	GOLDMAN SACHE OULLINE
ENERGIZE.	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
BATTERIES	FINANCIAL
per l'illicités	FAIR MARKET VALUE
FAIR MARKET VALUE	\$2,000 - \$10,000 \$10,001 - \$100,000
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Other	(Describe)
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Income Received of Good of	
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. (24 / /21	21
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	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	ISHARES INTINL. SELECT
FORD	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
	DIVIDEND FUND
CADE & TRUCES	
LANCE OF THE	FAIR MARKET VALUE
FAIR MARKET VALUE	92,000 0.00
42,000	\$100,001
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ACQUIRED DISPOSED	

Comments: .

Print

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 COMMISSIO	N
Name	
PETE DAILEY	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
COCA COLA	NETLE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BEVENLAGES	
FAIR MARKET VALUE	PIVERSIFIED CONSUMER
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
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	/ (24 / 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Mmm	NOVA VAX
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
DIVELSIES MICE	PHARMA
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
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	//21//21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
MODERNA	NOVO NOPDISK
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PHARMA	PHARMA
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$10,001 - \$100,000
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☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//21//21
ACQUIRED DISPOSED	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

PERE DAILEY

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
PFIZER	SUBURBAN PROPANE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
PHARMA	FUEL DISTRIBUTION
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,000 - \$100,000	4.000
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/ /21//21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
PIMCO CORPORATE TAXONE	AT 3 T
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BOND FUND	COMMUNICATIONS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ /21//21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTIT	NBER
JOUTHBEN CO.	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
UTILITY	TRANSPORTATION
FAIR MARKET VALUE	FAIR MARKET VALUE \$\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000	\$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
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ACQUIRED DISPOSED	ACQUIRED DISPOSED

Print

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 FAIR POLITICAL PRACTICES COMMISSION

PETE DAILEY

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
3 A	WELLS FARGO
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
200	FINANCIAL
FINANCIAL	FAIR MARKET VALUE
FAIR MARKET VALUE \$\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
LINE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other(Describe)
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VERIZON	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS ESSENTED
COMMUNICATIONS	
FAIR MARKET VALUE	FAIR MARKET VALUE
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ACQUIRED DISPOSED	▶ NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
MACNER BROTHERS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BOSINESS
ENTERTAINMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	[
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Descripted of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
(21 / 21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
The second Control of the Control of	

Comments: .

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FOI	
Name	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1232 Lisa Lane	
CITY	CITY
Los Altos	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499\$500 - \$1,000\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
·	
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and
business on terms available to members of the public	al lending institution made in the lender's regular course of the without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and liness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and incess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PETE DAILEY

1. INCOME RECEIVED	► 1. INCOME REGEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Apple Inc	APPLE JOL
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
One Apple Park Way, Cupertino, CA 95014	UNE APPLE PARWAY
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computers and other electronics	COMPUTERS
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Director	STOCK WOLDTR
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	II =
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
	Other DIVIDENTS
Other(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
tail installment or gradit pard transaction, made in	Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
turned.	(Describe)
Commenter	
Comments:	

CALIFOR		of the same	700 MMISSION
Name -	TE	DAI	LEY

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
FORD	GILEAD
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
DEALBORNI MI.	FOSTERLACITY, CA.
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CARS 3 TRUCKS	PHARMA
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
STOCK HOLDEST	SHAREHOLDU
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$1,001 - \$10,000 \$1,001 - \$100,000 OVER \$100,000
S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, boat, etc.)
(Real property, car, boat, etc.)	Loan repayment
Loan repayment	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)
Other DIVIDENCE	Other DIVIDENDS
(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	- Landing institution, or any indebtedness created as part of
	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available at status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
TOTAL OF LEASE.	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER.	None Personal residence
3	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guerantor
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
□ 4.5.4.4.9	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PETE DAILEY

1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ISHAPLES	MMM
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SAN FRANCISCO CA.	St. PAUL, MN
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
FINANCIAL	DIVACIFIED MITS
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
SHAREHOLDER	- SHAREHOLDER
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000
\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000
S10,001 - \$100,000 OVER \$100,000	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, boat, etc.)
(Real property, car, boat, etc.)	Loan repayment
Loan repayment Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)
Other DIVIDENDS	Other DIVIDENDS (Describe)
(Describe)	
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
and a state of the	I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
- The state of the	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	1 6
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	92-19
OVER \$100,000	Other(Describe)
Comments:	

CALIFORNIA FORM 70	
Name PETE DAILEY	

1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
PF1250	PIMLO
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
New YORK NY	NewPORT BEACH (A.
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
PHARMA	FINANCIAL
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
SHAREHOLDER	SHAREHOLDER
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	Continuation of Transaction and Transaction
(Describe)	(Describe)
Other DIVIDENDS	Other DIVIDENAS
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	
tail installment or gradit card transaction made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available I status. Personal loans and loans received not in a lender's ws:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	300 000 000 000 000 000 000 000 000 000
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	
Outilities.	

CALIFORNIA FORM 700	
Name PETE DAILEY	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SOUTHERN CO.	SUBURBAN THOPANE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ATLANTA GA	HANNOVEL, NU
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
W11L119	FUEL DIST YOUR BUSINESS POSITION
SHARE HOLDER	Owner of Partner Unig
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	<u>\$500 - \$1,000</u> \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other DIVIDENDS	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	+
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
,	(Describe)
Commante	7
Comments:	•

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
PETE DALLEY

INCOME RECEIVED	► 1. INCOME RECEIVED
AME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ATIT	VERIZON
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
DALLAS TX	Hannover NO
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TELECOP	TELECOM
OUR BUSINESS POSITION	YOUR BUSINESS POSITION
SHARE HALDER	SHAREHOLDER
D. Was Oak	GROSS INCOME RECEIVED No Income - Business Position On
ROSS INCOME RECEIVED No Income - Business Position Only	\$500 - \$1,000 \$1,001 - \$10,000
\$500 - \$1,000 \$1,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
310,001 - 4100,000	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	Chause's or registered domestic partner's income
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Schedule A-2.)	
Sale of(Real property, car, boat, etc.)	Sale of (Real property, car, boat, etc.)
Loan repayment	Loan repayment
	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$75,500 s.	
	(Conside)
(Describe)	(Describe)
(Describe)	Other DI VID CIJO (Describe)
Other DIVIDENDS (Describe)	Other DIVIDENDS
Other Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	NG PERIOD Other DIVID CIDE (Describe) NG PERIOD
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commer	NG PERIOD roial lending institution, or any indebtedness created as part of business on terms available
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commer	NG PERIOD roial lending institution, or any indebtedness created as part of business on terms available
* You are not required to report loans from a commer a retail installment or credit card transaction, made	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commer	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows:
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as follows:	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender
* You are not required to report loans from a commer a retail installment or credit card transaction, made	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows:
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER*	NG PERIOD rocial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE None None
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as follows:	NG PERIOD rcial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whome SECURITY FOR LOAN Respond residence
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable)	NG PERIOD rocial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE None None
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER*	NG PERIOD rocial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NG PERIOD roial lending institution, or any indebtedness created as part of in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whome SECURITY FOR LOAN Personal residence
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	NG PERIOD rocial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whone SECURITY FOR LOAN None Real Property Street address
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender lllows: INTEREST RATE SECURITY FOR LOAN None Real Property Street address
* You are not required to report loans from a commer a retail installment or credit card transaction, made to members of the public without regard to your office regular course of business must be disclosed as for NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	NG PERIOD roial lending institution, or any indebtedness created as part in the lender's regular course of business on terms available cial status. Personal loans and loans received not in a lender llows: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address City

Recipient Committee Campaign Statement Cover Page

CITY CLERK'S" OFFICE

CALIFORNIA **FORM**

JG 0 1 2022 For Official Use Only

Statement covers period from 01/01/22 through <u>6/30/22</u>

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

11/08/22

CITY OF LOS ALTOS

SEE INSTRUCTIONS ON REVERSE

			THE RESERVE		
1. Type of Recipient Committee: All Committees - Com	 Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. 				
O State Candidate Election Committee Recall (Also Complete Part 5)	rimarily Formed Ballot Measure ommittee Controlled Sponsored lso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Quarterly State Special Odd-Y	ement /ear Report
Small Contributor Committee	rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)				
a a manufacture la farmachian	. NUMBER 449172	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Pete Dailey for Los Altos City Council 2022		Jennifer Finnegan MAILING ADDRESS		<u> </u>	
		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX)		Redding	CA	96002	
1545 Truman Ave. CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY			
Los Altos CA 9402 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
petedailey@mac.com					

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.

	7	29	27
Executed on	-	Date	UL
	7	1291	22
Executed on		Date	
		5410	
Executed on		Date	
Commission of the			

Ву	A Signature of Trea	surer or Assistant Treasurer
By Signa	ature of Controlling Officeholder, Candidae	State Measure Proponent or Responsible Officer of Sponsor
Ву	Signature of Controlling Officeho	older, Candidate, State Measure Proponent
lv .		older, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM
Page 2 of 8

NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Pete Dailey									
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER II	F APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	In	SUPPORT
Los Altos City Council									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP			24			
1545 Truman Ave.	Los Altos	CA	94024		Identify the controlling office	eholder, candi	date, or state	measure propo	onent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	PROPONENT		
Related Committees Not Included in this Si not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily fo				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	II.D. NUMBER								
	1								
				7.	Primarily Formed Cand	didate/Offic	eholder Co	mmittee Lis	t names of
IAME OF TREASURER	CONTROLLE			7.	Primarily Formed Cane officeholder(s) or candidate(s)	didate/Offic) for which this	eholder Co committee is	mmittee Lis primarily formed	at names of d.
	☐ YES	D COMMI		7.	Primarily Formed Candofficeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR) for which this	committee is	primarily forme	d.
	☐ YES			7.	officeholder(s) or candidate(s) for which this	committee is	primarily forme	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	☐ YES D. BOX)	□ NO		7.	officeholder(s) or candidate(s) for which this CANDIDATE	OFFICE SOL	primarily forme	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	O. BOX)	□ NO)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR) for which this CANDIDATE	OFFICE SOL	primarily formed	SUPPOR
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	☐ YES D. BOX)	□ NO)	7.	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	primarily formed	SUPPOR OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	O. BOX)	□ NO)	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR
	O. BOX)	□ NO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR OPPOSE SUPPOR OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C. CITY STATE ZIP COMMITTEE NAME JAME OF TREASURER	CONTROLLE	□ NO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR
OMMITTEE ADDRESS STREET ADDRESS (NO P.C. STATE ZIP COMMITTEE NAME	CONTROLLE	□ NO	DE/PHONE	7.	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOL	Primarily formed UGHT OR HELD UGHT OR HELD	SUPPOR SUPPOR OPPOSE SUPPOR SUPPOR SUPPOR

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1122	CALIFORNIA 460
through 6/30/22	Page 3 of 8
	I.D. NUMBER
	1449172

SEE INSTRUCTIONS ON REVERSE		through _		I.D. NUMBER
NAME OF FILER				1449172
Pete Dailey for Los Altos City Council 2022				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 685 16000 \$ 16685 129 \$ 16,814	\$ 685 \$ 600 \$ 16,685 129 \$ 16,814		\$\$
Expenditures Made 6. Payments Made	20	s 13 864 8	Candidates 22. Cumulat	Summary for State
SUBTOTAL CASH PAYMENTS	s 13,864 s 13,864	s 13 864	(If Subject to	o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	13,864	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,	*Amounts in this section reported in Column B.	may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Advice: a	FPPC Form 460 (Jan/2016) dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 1 1 22 CALIFORNIA 460 FORM Page 4 of 8

SEE INSTRUCTIONS ON REVERSE NAME OF FILER GE DAILEY FOR LOS ALTOS CITY COUNCIL 2022 PER ELECTION CUMULATIVE TO DATE AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF TO DATE CONTRIBUTOR CALENDAR YEAR OCCUPATION AND EMPLOYER RECEIVED THIS DATE CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME CODE * (IF REQUIRED) (JAN. 1 - DEC. 31) PERIOD OF BUSINESS) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PETE DAILEY **⊠IND** 250 250 ПСОМ OTH **□**PTY SCC 100 180 MARGARET ARTIST NA MIND 6/3/22 COM Потн □ PTY □scc 100. 100. SOFTWALE ENG DIND □сом 1000012 Потн □ PTY SCC NA 100 -MIND ROBERT BELLVILLE 6/7/22 ПСОМ **□**OTH □ PTY LOS ALTOS CA 94024 □scc TIND □ COM Потн **TPTY** □ SCC 550 SUBTOTAL \$ *Contributor Codes Schedule A Summary IND - Individual COM - Recipient Committee

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

 COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Schedule B - Part 1

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

Donoised					from 01/01/22		FURIVI	
Loans Received					through <u>06/30/22</u>		Page 5	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Pete Dailey for Los Altos City Council 20	22						1449172	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAI OR FORGIVE THIS PERIOR	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
PETE DAILEY 15 45 TRUMAN AVE	NAME OF BUSINESS)	PERIOD		PAID \$	\$ 16,000	RATE	:16,000	S 16 800 PER ELECTION**
	82	\$	\$16,000	\$	1/1/20% DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR
TIND COM OTH PTY SCC				\$ FORGIVEN	\$	% RATE	\$	PER ELECTION ⁵⁴
TO IND COM OTH PTY SCC		\$	\$	\$ PAID	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR
				\$FORGIVE	_ s	RATE	\$	PER ELECTION**
† IND COM OTH PTY SCC		\$. s	\$	DATE DUE	\$	DATE INCURRE	
- IND GOM GOM GOM		SUBTOTALS	\$	\$	\$	\$	10,0	900
Schedule B Summary				\$	16,000	(Enter (e) on Sci	requie E, Line 3)	
1. Loans received this period	100 paid or forgiven.) nat are also itemized on Schine 2 from Line 1.)	nedule A.)		\$.	16,000 (May be a negative number		OTH - Other (e.g	t Committee an PTY or SCC) g., business entity)
					(May be a negative number	1		

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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Schedu	ile C		Amounts may be rounded						SCHEDULE (
Nonmonetary Contributions Received			to whole dollars.			Statement covers m_01/01/22	period	CALIF(DRNIA 160
	CTIONS ON REVERSE				thro	ough 06/30/22		Page C	6_ of _8_
NAME OF FIL Pete Dailey	for Los Altos City Council 2022							1.D. NUME 1449172	
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/01/22	Larry Lang Los Altos, CA. 94024	IND COM OTH PTY SCC	Retired, NA	Voter Registra Database	tion	129	129		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC					-		
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$			
1. Amount (Include	le C Summary t received this period – itemized nonmonetal e all Schedule C subtotals.) t received this period – unitemized nonmone				\$	129 Ø	OTI	(other the H - Other (extra) Y - Political	al ent Committee han PTY or SCC) e.g., business entity)
2 Total no	onmonetary contributions received this periones 1 and 2. Enter here and on the Summar	d					_		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pete Dailey for Los Altos City Council 2022	Amounts may be rounded to whole dollars.			
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro TRC candidate travel, lodging, a staff/spouse travel, lodging.	duction costs and meals and meals and meals as of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
PALO ALTO CA 94306	LIT CORAPI	tic DESIGN	8,000,00	
ROLLOUT SF SONOMA CA 95476	WED WEB	DESIGN	1,250,-	
KANSAS CITY MO	CMP YARE	SIGNS	2139	
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	s	UBTOTAL\$ // 389	

Schedule E Summary

FPPC Form 460 (Jan/2016))

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Schedule E	
(Continuation Sheet)	
Payments Made	

Amounts may be rounded to whole dollars.

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA 01/01/22 FORM from

SEE INSTRUCTIONS ON REVERSE through 06/30/22	Page G of 8
NAME OF FILER	I.D. NUMBER
Pete Dailey for Los Altos City Council 2022	1449172

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks FND fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services legal defense PRO professional services (legal, accounting) VOT voter registration LEG campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RICHARD MAYER PHOTOGRAPHY HEAD SHOTS 500 -CMP FOSTER CITY CA. 94404 Advertising PRT 1860 ALTOS CA. 94022

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

SUBTOTAL\$ 2366

Recipient Committee Campaign Statement Cover Page

Executed on ____

COVER PAGE

		CED 0 0 2022 Pa	age _1 of
Statement covers period from 7/1/22	(Month, Day, Year)	JE1 2 3 2022	For Official Use Only
through <u>9/24/22</u>	11/08/22 CITY	OF LOS ALI	08
omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Special C	Statement odd-Year Report
Officeholder Committee (Also Complete Part 7)			<u> </u>
.D. NUMBER 1449172	Treasurer(s)		
	NAME OF TREASURER	10	
	Jennifer Finnegan MAILING ADDRESS		
	CHY	STATE ZIP CODE	AREA CODE/PHONE
	Redding	CA 96002	
ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	(
OX	MAILING ADDRESS		
CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		
	-		Jan in two and complete
wing this statement and to the best of m	ny knowledge the information contained herein a	ind in the attached sched	ules is true and complete.
of California that the foregoing is true ar	nd correct.		
Ву	Signature of Treasurer or Assistant Treasurer		_
By Signature of C	ontrolling Officerbilder, Candidate, State Measure Proponent or	Responsible Officer of Sponsor	_
	through 9/24/22 through 9/24/22 promplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) D. NUMBER 1449172 AREA CODE/PHONE OX CODE AREA CODE/PHONE wing this statement and to the best of n	through 9/24/22 through 9/24/24 through 9/24/22 through 9/24/24 through 9/24/22 through 9/24/22 through 9/24/24 throug	Statement covers period from 7/1/22 through 9/24/22 In/08/22 In

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of

Officeholder or Candidate Controlled Comm	nittee			6.	. 1	Primarily Formed Ballo	t Measure (Committee	1	
NAME OF OFFICEHOLDER OR CANDIDATE					Ī	NAME OF BALLOT MEASURE				
Pete Dailey										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF	APPLICA	ABLE)			BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Los Altos City Council					-] [OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP							
1545 Truman Ave.	Los Altos	CA	94024			dentify the controlling offic	eholder, candid	late, or state	measure pro	ponent, it any.
						NAME OF OFFICEHOLDER, CA	INDIDATE, OR P	ROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily fo	t any com ormed to	nmittees receive		i	OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER 1449172			-		Driverille Formand Com	didata/Office	shaldar Ca	ı mmittaa ı	int names of
NAME OF TREASURER	CONTROLLE	D COMMIT		1.	•	Primarily Formed Can officeholder(s) or candidate(s) for which this	committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O		<u></u>				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
CITY STATE ZIP	CODE A	AREA COD	DE/PHONE			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				9.5	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMI	TTEE?			NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SO	UGHT OR HEL	D SUPPORT
	☐ YES	□ NO								☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BUX)					W		1		
CITY STATE ZIP	CODE A	AREA COL	DE/PHONE			Att	ach continuati	on sheets if ı	necessary	
						*100				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

Summary Page		from 7/1/2	22	FORM 40U
SEE INSTRUCTIONS ON REVERSE		through 9	0/24/22	Page 3 of
NAME OF FILER Pete Dailey for Los Altos City Council 2022				1449172
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	17405	**Second State **Column B	Running in Both th General Elections	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$ 70976	\$ 34840 \$ 34840 \$ 34,840	Candidates 22. Cumulat	Summary for State tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	20976 \$ 3495 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section reported in Column B.	may be different from amounts FPPC Form 460 (Jan/2016))
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	l	FPPC Advice: a	dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7/1/22	CALIFORNIA 460
through 7/24/22	Page 4 of
	I.D. NUMBER
	1449172

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Pete Dailey for Los Altos City Council 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/22	LOS ALTOS, CA. 94024	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	ATTORNEY, FINKELSTEIN & FUJI	: 250	250	
7/28/22	RORY TUYL LOS ALTOS CA. 94022	⊠IND □COM □OTH □PTY □SCC	NA	100	100	
8/10/22	LOS ALTOS, CA. 94022	⊠IND □COM □OTH □PTY □SCC	NA	250	250	
8/16/22	LOS ALTOS, CA. 94022	IND COM OTH PTY	MA	200	280	
8/18/22	CHARLES GOMEZ LAS VEGAS NV 89138	DIND COM OTH PTY SCC	MANAGER, eBao Tech.	100	100	
			SUBTOTAL\$	3	900	00

Schedu	le A S	Summary
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- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)
- 2. 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 \$

*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 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars. SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 7/1/22

				through <u>9/24/22</u>		Page	2 of
NAME OF FILER Pete Dailey for	r Los Altos City Council 2022					1449172	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/19/22	MARY PROCHNOW LOS ALTOS, CA. 94022	⊠IND □COM □OTH □PTY □SCC	OWNER, PROCHNOW REALTORS	500	500		
8 20 22	PATRICK DUPUIS LOS ALTOS, CA. 94022	□ IND □ COM □ OTH □ PTY □ SCC	NA	250	250		
8/20/22	BRYAN JOHNSON LOS ALTOS, CA. 94022	SIND COM OTH PTY	NA	100	100		
8/25/22	LOS ALTOS, CA. 94022	⊠IND □COM □OTH □PTY □SCC	NA	250	379	9-	
8 30/22	MARIE YOUNG LOS ALTOS CA. 94022	⊠IND □COM □OTH □PTY □SCC	NA	100	100		

SUBTOTAL \$

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/22	CALIFORNIA 460				
through <u>9/24/22</u>	Page of				
	I.D. NUMBER 1449172				

Pete Dailey fo	or Los Altos City Council 2022				1449172	2
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/22	SAMITARDINA LOS ALTOS CA. 94022	COM COM COTH CPTY SCC	STOCK BROKEL Refired	100	100	
9/13	STRICHARTZ, DEBRA LOS ALTOS, CA. 94022	⊠IND □COM □OTH □PTY □SCC	Retired Stanford Healthcare	250	250	
9/18	ELAMNE DAUBER LOS ALTOS, CA. 94622	⊠IND □COM □OTH □PTY □SCC	NA	100	100-	
9/19	LOS AUTOS CA. 94024	⊠IND □ COM □ OTH □ PTY □ SCC	NA	150	150	
9/19	MEN LO PARK, CA. 9402	□IND -⊠com □oth	NA	250	250	
	FPPC 95134 SUBTOTAL\$ 850					

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/22	CALIFORNIA 460
through 9/24/22	Page T of
	I.D. NUMBER
	1449172

NAME OF FILER

Pete Dailey for Los Altos City Council 2022

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22		□ COM □ COM □ OTH □ PTY □ SCC	NA	250	250	
9/23/22	LOS ALTOS CA. 94024	⊠IND □COM □OTH □PTY □SCC	NA	250	250	
9/23/22	+	☑IND □COM □OTH □PTY □SCC	NA	100	100	
9/24	1 AMES CUNNEEN SAN JOSE, CA. 95125	⊠IND □COM □OTH □PTY □SCC	PARTNER CALIFORNIA STRATEGIES AND ADVOCACY	100	100	
	JIAN SUZZI SI	□IND □COM □OTH □PTY □SCC				
SUBTOTAL\$ 700						

*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

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	Am	sounts mouths as	adad				SCHED	OULE B - PART 1
Schedule B – Part 1 Loans Received	All	nounts may be ro to whole dollar	Chatamant account acid					
SEE INSTRUCTIONS ON REVERSE					through <u>9/24/22</u>		Page 8	of
NAME OF FILER							I.D. NUMBER	
Pete Dailey for Los Altos City Council 2022							1449172	
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	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
PETE DAILEY 1545 TRUMAN AVE LOS ALTOS, CA. 94024	NA	16000	17,405	\$ FORGIVEN	2,8,405	D %	s/6 000	CALENDAR YEAR 33 4 05 PER ELECTION**
LOS ALTOS, CA. 94024		\$	s	\$	1/1/25 DATE DUE	\$	6/4/22 DATE INCURRED	\$
				\$ FORGIVEN	. \$	% RATE	\$	\$PER ELECTION**
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$CALENDAR YEAR
				\$FORGIVEN	. \$	% RATE	\$	\$PER ELECTION ^{##}
TO IND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$
	S	SUBTOTALS \$	12,405	0	\$28405	- C	16000	33408
Schedule B Summary					-	(Enter (e) on Sche	dule E, Line 3)	=
1. Loans received this period				s 1	1.405		,	
(Total Column (b) plus unitemized loan					(A)	Ct	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line 	0 paid or forgiven.)				7.405	li c	ND – Individual COM – Recipient C	committee PTY or SCC)

(May be a negative number)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E	
Payments Made	

Schedule E Summary

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA from 7/1/22 FORM through 9/24/22 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1449172 Pete Dailey for Los Altos City Council 2022 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FACE BOOK POSTS META PLATFORMS 300. WEB OFFILE DEPOT 27-2 MOUNTAIN VEEN ch94040 GRAPHIC DESIGN ALEX ADKINS DESIGN LIT

SUBTOTAL\$ 3572 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Itemized payments made this period. (Include all Schedule E subtotals.) \$	20	146
2. Unitemized payments made this period of under \$100\$	8	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$\$	NO.	124

FPPC Form 460 (Jan/2016))

2000

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 7/1/22 FORM from through 9/24/22 I.D. NUMBER 1449172

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Pete Dailey for Los Altos City Council 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* POS IND voter registration VOT professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
ROLLAUT SE	WEB	WEB DESIGN	2656
SONOMA			
	CMP	BUTTONS & BAGIS	1386.
MOUNTAIN VEW CA.		100-1	
CITY OF LOS ALTOS	FIL	BALLOT STATEMENT	3021
LOS ALTOS, 94. 94022			
TOWN CRIER	PRT	News Paper ads	5460
LOS ALTOS CA 94022			
LAMVCF	MTG	NEUTRA HOUSE 9/15	464
LOS ALTOS CA. 94022		I VENT	10000

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA 7/1/22 FORM from through 9/24/22 Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pete Dailey for Los Altos City Council 2022 1449172

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 petition circulating TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events staff/spouse travel, lodging, and meals polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS legal defense professional services (legal, accounting) LEG VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Nation Builder Los ANGELES CA. 90071	WB	SITE HOSTING	179
PADAILY POST PALO ALTO CA.	PRT	NEWS PAPER AD	3926
MOUNTAIN VIEW 94043	LIT	CONTRIBUTION ENVELOPES	312

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

SUBTOTAL \$

				COVER PAGE
Recipient Committee Campaign Statement Cover Page UTY CLERK'S OFFICE			Date Stamp	CALIFORNIA 460 FORM
OCT 2.7 2022 SEE INSTRUCTIONS OF LOS ALTOS	Statement covers period from 9/25/22 through 10/22/22	Date of election if applicable: (Month, Day, Year)	OCT 2 7 2022	Page 1 of 4
1. Type of Recipient Committee: All Committees - Com Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t	Quarterly Statement Special Odd-Year Report
3. Committee Information 14 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Pete Dailey for Los Altos City Council 2022	NUMBER 49172	Treasurer(s) NAME OF TREASURER Jennifer Finnegan MAILING ADDRESS CITY	STATE Z	IP CODE AREA CODE/PHONE
1545 Truman Ave.		Redding NAME OF ASSISTANT TREASUR	CA S	96002
OPTIONAL: FAX/E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR		IP CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 10/27/2022 Executed on Date Date	California that the foregoing is true and	d correct	nt Treasurer	

Executed on _

Executed on ____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2	of 9_

Officeholder or Candidate Controlled Comn	nittee	6.	Primarily Formed Ballo	t Measure C	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Pete Dailey						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTIO		SUPPORT
						OPPOSE
Los Altos City Council		ZIP				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)			Identify the controlling office	eholder, candid	ate, or state measure pro	ponent, if any.
1545 Truman Ave.	Los Altos CA	94024	NAME OF OFFICEHOLDER, CA			
Related Committees Not Included in this St not included in this statement that are controlled by your contributions or make expenditures on behalf of your car	or are primarily formed to	nmittees receive	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	1449172					
		7	. Primarily Formed Can officeholder(s) or candidate(s	didate/Office	eholder Committee	List names of med.
NAME OF TREASURER	CONTROLLED COMMI		officeholder(s) or candidate(s) for which ans		
Te	YES NO)	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HE	LD ☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)					☐ OPPOSE
CITY STATE ZIF	CODE AREA CO	DE/PHONE	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMM	ITTEE?	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
	YES NO	0				☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)					
CITY STATE ZII	P CODE AREA CO	DE/PHONE	At	tach continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

Summary Page		from 09/2	5/2022	FORM 46U
E A		through 1	0/22/2022	Page 3 of 9
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER 1449172
Pete Dailey for Los Altos City Council 2022				
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both the General Elections	nmary for Candidates ne State Primary and
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	2631	\$ 6+53 37056 \$ 43809 216 \$ 44025	20. Contributions Received \$ 21. Expenditures Made \$	\$\$
Expenditures Made 6. Payments Made	s 8370	\$ 43210 \$ 43210 \$	Candidates 22. Cumulat	tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 370 \$ 599 \$ \$ \$	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).	reported in Column B.	FPPC Form 460 (Jan/2016)) advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received			from 9/25		FOF	TALLE TO A LANGE
SEE INSTRUCTION	ONS ON REVERSE			through 10/	22_	Page	
NAME OF FILER	TE DAILEY FOR LOS AY	rus Ciry	COUNCIL ZA	022		1.D. NUME	19172
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9127	ROY LAVE LOS ALTOS CA. 94022	⊠IND □COM □OTH □PTY □SCC	RETIRED	250	250		
1017	CALIFORNIA REAL ESTATE PAC LOS ANGELES CA. 90071	□IND ☑COM □OTH □PTY □SCC	NA	700	700.		
10/16	STEPHANIE DAUER LOS ALTOS CA 94022	□ IND □ COM □ OTH □ PTY □ SCC	NA	100.	100.	-	
10/10	LOS ALTOS CA. 94022	⊠IND □COM □OTH □PTY □SCC	POLITICAL CONSULTANT SELF EMP.	100	100.		
1016	CLAUDIA COLEMAN LOS ALTOS CA. 94022	⊠IND □COM □OTH □PTY □SCC	RETIRED	250	25	0	
			SUBTOTAL	\$	140	0	
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)			323	IND COIL	(other to H - Other (et I - Political	al ent Committee han PTY or SCC) e.g., business entity)
	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, C				FPPC Advice: adv		Form 460 (Jan/2016 ca.gov (866/275-377

CCH	EDI	HE	R-	PART	1
SUT	EDI	JLE	D -	PARI	- 1

Schedule B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

statement covers period from 9/25- CALIFORNIA 460 FORM through 10/22 Page 6 of 9

ATT WATER OF THE STATE OF THE S					through 10/3	22_	Page 6	of <u>9</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	0.15
PETEDAILEY FOR	Los ALTOS	6149	Conva	1 2	022		144	9172
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	(b) AMOUNT RECEIVED THIS	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
PETE DAILEY 1545 TRUMAN AVE LOS ALTOS CA. 94024 †MIND COM OTH PTY SCC		33405	3,651	\$ FORGIVEN	\$	RATE \$	\$DATE INCURRED	\$ 3705E PER ELECTION** \$
		\$	\$	PAID \$ FORGIVEN \$	\$DATE DUE	% RATE	\$	\$ PER ELECTION ^E
TO IND COM OTH PTY SCC		\$	\$	PAID FORGIVEN S	\$	RATE	\$ DATE INCURRED	\$PER ELECTION
IND COM OTH PTY SCC					•	*	1	
		SUBTOTALS	\$	\$	\$	(Enter (e) on Sche	dule E, Line 3)	
1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Sch	nedule A.)		\$		- i	OTH - Other (e.g PTY - Political Pa	Committee n PTY or SCC) ., business entity)

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule C **Nonmonetary Contributions Received**

3. 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 \$

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 9125

					from		FURINI 100
NAME OF FILE	TIONS ON REVERSE		29		through 10/2:	Pag	1e 7 of 9
PETE	E DAILEY FOR LO	s Au	ros Litty Co.	udeic	2022		NUMBER 1449172
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 (GOODS OR SERV		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31	TO DATE
		□IND □COM □OTH □PTY □SCC					
	*	□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		The state of the s			
		□IND □COM □OTH □PTY □SCC					
	onal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL\$		
. Amount red (Include all	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.)				. `	OTH - Othe PTY - Politi	dual ipient Committee er than PTY or SCC) r (e.g., business entity)

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from

CALIFORNIA 460

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PETE DAILEY FOR LOS ALTOS CITY COUNCIL 2022

1449172

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

EL t.v. or cable airtime and production costs

RC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

F transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
MENLO PARIC 94025	WEB	ADVERTISING	866
LOS ALTOS 94022	PRT	ADVERTISING	4610
PA DAILY POST	PRT	Ads	1690

Payments that are contributions or independen	nt expenditures must also be summarized on S	chedule D.
---	--	------------

SUBTOTALS 7166

Schedule E Summary

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FOR LOS ALTOS CITY COUNCIL 2022

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

Ti Campaign nerature and mainings	Titi pinit aus	TVED Information toothiolog	,	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT		AMOUNT PAID
ALEXANDER ADKINS	LIT	GRAPHIC DESIGN		1000
PALO ALTO CA 74	1306			
NATION BUILDER	WEB	SITE HOSTING		179
LOS ANGELES CA. 900	71			
				100
Payments that are contributions or independent expenditures must also	be summarized on Schedule D.		SUBTOTAL	\$ 1179

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

Ca	ecipient Committee Impaign Statement over Page		CITY		OFFI	FORM 460
		Statement covers period from 10/23/22	Date of election if applicable: (Month, Day, Year)	JAN 3		Page 1 of 7
SEE	INSTRUCTIONS ON REVERSE	through <u>12/31/22</u>	11/08/22	YUFL	OS ALTO	8
	Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
1	O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored P	rimarily Formed Ballot Measure Committee Controlled Sponsored Spo Complete Part 6) rimarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)	☐ Quart ☐ Speci	erly Statement al Odd-Year Report
	2 onian continuator continuator	Iso Complete Part 7)	· · · · · · · · · · · · · · · · · · ·			
3.		NUMBER 149172	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	11,71,72	NAME OF TREASURER			
	Pete Dailey for Los Altos City Council 2022		Jennifer Finnegan			
			MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)	3412-115-3-18	CITY		STATE ZIP CO	DE AREA CODE/PHONE
	1545 Truman Ave.		Redding		CA 9600	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
	Los Altos Ca 94024					
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS		
	Verification					
	have used all reasonable diligence in preparing and reviewir			herein and in t	the attached sch	edules is true and complete. I
(certify under penalty of perjury under the laws of the State of	California that the foregoing is true and co	orrect.			
	Executed on 1/31/23	Ву	Allianature of Testaduras is Societan	Treasurer		
	Executed on 1/31/23 Date	BySignature of Control	ning Oncendides, Candidate, State sees as E	oponent or Respons	sible Officer of Sponso	or .
	Executed on	BySig	gnature of Controlling Officeholder, Candidate,	State Measure Prop	ponent	
	Executed onDate	By ————————————————————————————————————	nature of Controlling Officeholder, Candidate,	State Measure Prop	ponent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 7

Officeholder or Candidate Controlled Com	mittee			6.	Primarily Formed Ballo	ot Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Pete Dailey									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIC	ON		SUPPORT
Los Altos City Council					V	1			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP						
1545 Truman Ave.	Los Altos	CA	94024		Identify the controlling office			re propon	ent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this St	tatement: Li	st any coi	nmittees						
not included in this statement that are controlled by you contributions or make expenditures on behalf of your car	or are primarily				OFFICE SOUGHT ORHELD		DISTR	ICT NO. IF	ANY
	nuiuacy.								
COMMITTEE NAME	I.D. NUMBER	₹							
NAME OF TREASURER	CONTROLL	ED COMM	ITTEE?	7,	Primarily Formed Can- officeholder(s) or cardidate(s	didate/Office	eholder Commit	tee List	names of
Jennifer Finnegan	☐ YES	□ NO			Unicertoider(s) or cardidate(s) for which and	committee to primari	.,	
COMMITTEE ADDRESS STREET ADDRESS (NO P.C					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	RHELD	SUPPORT
									☐ OPPOSE
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	Паштата
									☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER	₹					OFFICE COUCUTO	D HELD	- OPPOSE
		*			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	K HELD	☐ SUPPORT
									☐ OPPOSE
NAME OF TREASURER	CONTROLL				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	RHELD	SUPPORT
	☐ YES	□ NO)						OPPOSE
COMMITTEE ADDRESS (NO P.C	D. BOX)								
CITY STATE ZIF	CODE	AREA CO	DE/PHONE		Att	ach continuatio	on sheets if necessa	ary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/22 CALIFORNIA 460 FORM Page 3 of LD. NUMBER

		through	12/31/22	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER A Language 1 2022				I.D. NUMBER 1449172
Pete Dailey for Los Altos City Council 2022 Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 64 9 14,843 \$ 15 492 \$ 15-1492	Column B CALENDARYEAR TOTAL TODATE \$ \frac{7402}{51,889}\$ \$ \frac{59.301}{216}\$ \$ \frac{59.517}{216}\$	Running in Both the General Elections 1/1 20. Contributions Received \$ 21. Expenditures Made \$	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$
Expenditures Made 6. Payments Made	\$ 13248 \$ 13248 \$ 13248	\$ 56,458 \$ 56,458 \$ 56,458	Candidates 22 Cumula	tive Expenditures Made* to Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 21843 \$ 21843	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. this is the first report bein filed for this calendar year only carry over the amount from Lines 2, 7, and 9 (if any).	reported in Column B.	FPPC Form 460 (Jan/2016)) advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from 10/23/22		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>12/31/22</u>		Page 4 of		
NAME OF FILER						1.D. NUI 1449172	1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE I CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
12/08/22	Jean Mordo	☑IND □COM □OTH □PTY □SCC	Retired	\$500	\$500		SERIO - 317 37	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC	-					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
2 1		☐IND ☐COM ☐OTH ☐PTY ☐SCC					4	
			SUBTOTAL	.\$				
1. Amount r	e A Summary received this period – itemized monetary contribution all Schedule A subtotals.) received this period – unitemized monetary contribu		\$ _	500 5149	IN Co	othe) TH – Other TY – Politic	ual pient Committee r than PTY or SCC) · (e.g., business entity)	
	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, (FPPC Advice: a		PC Form 460 (Jan/2016) c.ca.gov (866/275-3772	

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 1

Amounts may be rounded to whole dollars.

	SCHEDOLE D-17/KT
Statement covers period from 10/23/22	california 460
through <u>12/31/22</u>	Page of
	I,D. NUMBER
	1449172

Loans Received					from 10/23/22		FORM	
LOGIIS INCOCITOR					through 12/31/22		Page 5	of_7
SEE INSTRUCTIONS ON REVERSE		- V	-				I.D. NUMBER	
NAME OF FILER							1449172	
Pete Dailey for Los Altos City Council 2022						(A)	- 0	(g)
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	(6) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AI	INTEREST PAID THIS PERIOD	ORIĞİNAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
PETE DAILEY 1545 TRUMAN AVE				\$	<u>,51,899</u>	PATE %	\$	51,899 PER ELECTION
LOS ALTOS CA. 79029		37056	sH, 843	FORGIVEN	12/31/23 DATE DUE	\$	DATE INCURRED	\$
† ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				PAID \$		% RATE	\$	\$ PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC	590	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDARYEAR
				\$	\$	% RATE	\$	\$PER ELECTION**
		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC		SUBTOTALS	¢	\$	\$	\$	-	
74		SUBTUTALS	<u> </u>			(Enter (e) on Scho	edule E, Line 3)	
Schedule B Summary				\$ -	14,843	- 2		
1. Loans received this period	incomplete for the second			Ф -		-	OTH - Other (e.g PTY - Political Pr	Committee n PTY or SCC) ., business entity)

(May be a negative number)

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E CALIFORNIA 4 Statement covers period from 10/23/22

Payments Made		from	
		through 12/31/22	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
Pete Dailey for Los Altos City Council 2022		¥	1449172
CODES: If one of the following codes accurately describes the payment, y CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events MBR member con meetings an office expen petition circ. PET petition circ. PHO phone bank polling and sevents	d appearances ses alating s	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC campaign travel, lodging, and	uction costs if meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE	1 0002	DESCRIPTION OF PAYMENT	AMOUNT PAID
CITY OF LOS ALTOS HILLVIEW AVE. LOS ALTOS 94022	MTG VETERA	ANS PLAZA RENTA	\$440
ROLLOUT SF	WEB WEB	DESIGN & CONSIGN	* 877
WELLS FARCED BANK	PRO SERVI	CE CHARLATS	75
* Payments that are contributions or independent expenditures must also be summarized on So	hedule D.	S	UBTOTAL\$ 1392.
Schedule E Summary Schedule E Summary (Include all Schedule E subtotals.)			\$ 13248
Itemized payments made this period. (Include all Schedule 2 substation). Unitemized payments made this period of under \$100			\$
2. Unitemized payments made this period of under \$100	Part 1 Column (e).)		\$
 Unitemized payments made this period or under \$100	art 1, Column (c).)	ımn A. Line 6.) T	OTAL \$ 13248
4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and	on the Summary Fage, Con	orinity if Entre ory	rppc Form 460 / Jon /2016

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period 10/23/22	CALIFORNIA 460
through <u>12/31/22</u>	Page of of
	I.D. NUMBER
	1449172

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Through 12/31/22

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THANK YOU AD \$ 553 OS ALTOS TOWN CRIER PRT LOS ALTOS CA. 94022 1,150

NATION BUILDER WEB WEB HOSTING 1,150

LA. CA. 90071

AID MAILENG

LIT DIRECT MAIL

10,153.

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

SUBTOTAL\$ 11 856