Recipient Committee Campaign Statement Cover Page	Type or print in	Date Stamp	CALIFORNIA FORM 460		
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/2013 through 06/30/2013	Date of election if applicable: (Month, Day, Year)	07/31/2013 11:46:50 Filing ID: 144817528	Page	of
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Image: Committee Controlled Committee Com		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b Treasurer(s) NAME OF TREASURER Julie S. Jerome	ermination)	Quarterly Stat Special Odd-` Supplemental Statement - A	rear Report
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO Palo Alto CA 9430 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	3 (650)289-9038 OX	MAILING ADDRESS CITY Palo Alto NAME OF ASSISTANT TREASUM MAILING ADDRESS	CA RER, IF ANY	ZIP CODE 94303	AREA CODE/PHONE (650)289-9038
CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification	DE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDF		ZIP CODE	AREA CODE/PHONE

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	07/31/2013	By .	Julie S. Jerome	
	Date		Signature of Treasurer or Assistant Treasurer	
Executed on	07/31/2013 Date	Ву _	S. Joseph Simitian Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	Ву _	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	Ву .	Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline	FPPC Form 460 (January/05) 8: 866/ASK-FPPC (866/275-3772)
				State of California

COVER PAGE - PART 2

CALIFORNIA FORM		` 4	16 (
Page _	2	of _	34	_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

S. Joseph Simitian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	APPLICABLE	Ξ)
County Supervisor Santa Clara County			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Palo Alto	CA	94303

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
Simitian for County Central Committee 2016	1352638
NAME OF TREASURER	CONTROLLED COMMITTEE?
Jerome Julie S.	🕱 YES 🗌 NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palo Alto	CA	94303	(650)289-9038
COMMITTEE NAME		I.D. N	UMBER
NAME OF TREASURER			ROLLED COMMITTEE? YES INO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BOX)	

STATE

CITY

ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASUR	Е
-----------------------	---

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT
----------------------	--------------	---------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

		_
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE	
Summary Page	Amounts may be round to whole dollars.	led	Statement covers period		CALIFORNIA 460
			from	01/01/2013	FORM 400
			through .	06/30/2013	Page3 of34
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through		
2012 Supervisor Simitian Office Holder Committee					1342827
	Column A	Column	B	Calondar Voar Sum	mary for Candidates
Contributions Received	TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	CALENDAR Y TOTAL TO D	(EAR		e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$39,525.00	\$39,	525.00		
2. Loans Received Schedule B, Line 3	10,000.00	20,	000.00	1/1 tr	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$49,525.00	\$59,	525.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$49,525.00	\$59,	525.00	Made \$	\$
Expenditures Made				Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$ 30,452.64	\$30,	452.64	Candidates	
7. Loans Made Schedule H, Line 3	0.00		0.00	22 Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 30,452.64	\$30,	452.64		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-3,054.32	3,	059.75	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 27,398.32	\$33,	512.39	///////	\$
Current Cash Statement				//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$8,728.29	To calculate Colur	nn B, add		
13. Cash Receipts Column A, Line 3 above	49,525.00	amounts in Colum corresponding an			
14. Miscellaneous Increases to Cash Schedule I, Line 4	231.24	from Column B of	your last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above	30,452.64	report. Some amo Column A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$28,031.89	figures that should	d be		
If this is a termination statement, Line 16 must be zero.		subtracted from p period amounts. the first report be	If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar carry over the ar	year, only		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, a any).	ind 9 (if		
18. Cash Equivalents See instructions on reverse	\$0.00	any).			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$23,059.75			FPPC Toll-Free Helplir	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. FORM 01/01/2013 from through ______06/30/2013 Page _____ of _____34 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2012 Supervisor Simitian Office Holder Committee 1342827 AMOUNT PER ELECTION IF AN INDIVIDUAL. ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OF BUSINESS) 06/27/2013 James E. Baer Real Estate 5,000.00 5,000.00 X IND Palo Alto, CA 94301 James E. Baer OTH PTY □SCC 06/20/2013 Ralph Cavanagh X IND Attorney 1,000.00 1,000.00 Stanford, CA 94305-National Resources Defense Council OTH □ PTY SCC President 06/12/2013 Jay M. Gellert 5,000.00 5,000.00 X IND Woodland Hills, CA 91364 Health Net, Inc. OTH □ PTY SCC Mary E. Hunkapiller 06/20/2013 Community Volunteer 2,500.00 2,500.00 X IND San Carlos, CA 94070 n/a OTH **PTY** SCC 06/29/2013 George M. Marcus Chairman 5,000,00 5,000.00 X IND Palo Alto, CA 94304 The Marcus & Millichap Company ΠOTH □ PTY SCC SUBTOTAL\$ 18,500.00 Schedule A Summary *Contributor Codes IND - Individual 1. Amount received this period – itemized monetary contributions. COM - Recipient Committee (Include all Schedule A subtotals.) \$ 39,500.00 (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 25.00 PTY – Political Party SCC – Small Contributor Committee 3. Total monetary contributions received this period. 39,525.00 FPPC Form 460 (January/05)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	A (Continuation Sheet) Contributions Received	Type or pri Amounts may to whole o	be rounded	Statement cove	•	SCHEDULE A (CON CALIFORNIA FORM 460
				through06/30/	2013	Page5 of34
NAME OF FILER			L			I.D. NUMBER
2012 Supervis	sor Simitian Office Holder Committee					1342827
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 Y (JAN. 1 - DEC	'EAR TO DATE
06/10/2013	Michael McCurry Kensington, MD 20895-	∑IND COM OTH PTY SCC	Lecturer/Consultant Public Strategies Washington	5,000.00	5,0	000.00
03/12/2013	Roger Strauch Berkeley, CA 94710	⊠ IND □ COM □ OTH □ PTY □ SCC	Venture Capitalist The Roda Group	1,000.00 Received through inter Actblue Cambridge, MA 02138		000.00
06/28/2013	Colleen Tate Portola Valley, CA 94028	∑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	5,000.00	5,0	000.00
06/28/2013	Geoff Tate Portola Valley, CA 94028-	X IND COM OTH PTY SCC	CEO & Investor Nano Solar	5,000.00	5,(000.00
06/27/2013	Scott Ward Palo Alto, CA 94301-	IND COM OTH PTY SCC	Real Estate Classic Communities, Inc.	5,000.00	5,0	000.00
			SUBTOTAL	\$ 21,000.00		

*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

SCHEDULE B - PART 1 Type or print in ink. Schedule B – Part 1 Statement covers period Amounts may be rounded CALIFORNIA 6 Loans Received to whole dollars. FORM 01/01/2013 from through 06/30/2013 Page ____6___ of <u>34</u> SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2012 Supervisor Simitian Office Holder Committee 1342827 (a) (b) (d) OUTSTANDING (e) (f) (g) (c) IF AN INDIVIDUAL, ENTER OUTSTANDING FULL NAME, STREET ADDRESS AND ZIP CODE AMOUNT INTEREST ORIGINAL CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCE AT OF LENDER RECEIVED THIS PAID THIS CONTRIBUTIONS AMOUNT OF **OR FORGIVEN** (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD PERIOD TO DATE LOAN NAME OF BUSINESS) THIS PERIOD PERIOD PERIOD Joe Simitian Officeholder CALENDAR YEAR X PAID Palo Alto, CA 94303 n/a 0.00%_% Personal Funds \$_10,000.00 0.00 \$ 10,000.00 \$ 10,000.00 RATE FORGIVEN PER ELECTION** \$P2012 0.00 \$ 10,000.00 0.00 04/25/2013 10/25/2012 0.00 0.00 \$ \$ DATE DUE DATE INCURRED COM OTH PTY SCC Officeholder Joe Simitian PAID CALENDAR YEAR Palo Alto, CA 94303 n/a \$ 10,000.00 \$ 10,000.00 \$ 10,000.00 0.00 RATE FORGIVEN PER ELECTION ** 0.00 10,000.00 0.00 0.00 ¢ P2012 0.00 07/09/2013 01/09/2013 \$ DATE DUE DATE INCURRED †_⊠ IND □ COM □ OTH □ PTY □ SCC Officeholder Joe Simitian CALENDAR YEAR PAID Palo Alto, CA 94303 n/a \$_10,000.00 \$ 10,000.00 0.00% % \$ 10,000.00 0.00 RATE FORGIVEN PER ELECTION ** 10,000.00 0.00 0 00 \$P2012 0.00 0.00 09/18/2013 03/18/2013 \$ DATE DUE DATE INCURRED †_⊡ IND □ COM □ OTH □ PTY □ SCC SUBTOTALS \$ 20,000.00\$ 10,000.00\$ 20,000.00\$ 0.00 (Enter (e) on Schedule B Summary Schedule E, Line 3) 1. Loans received this period\$ 20,000.00 (Total Column (b) plus uniterized loans of less than \$100.) [†]Contributor Codes IND - Individual 2. Loans paid or forgiven this period\$ 10,000.00 COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven.) (other than PTY or SCC) OTH – Other (e.g., business entity) (Include loans paid by a third party that are also itemized on Schedule A.) PTY – Political Party SCC - Small Contributor Committee 10,000.00 Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may be to whole do	e rounded	Statement covers	CALIFO FOR Page	ORNIA RM	460	
NAME OF FILER						I.D. NUM	BER	
2012 Supervi	sor Simitian Office Holder Committee					134282	27	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - [R YEAR	тс	election D date Equired)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
		<u> </u>	SUBTOTAL	_ \$ 0.00				

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	0.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	85.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	85.00

There are restrict to the last		SCHEDULE E
	Statement covers period	CALIFORNIA 460
to whole dollars.	from01/01/2013	FORM 400
	through06/30/2013	Page8 of34
		I.D. NUMBER
		1342827
	Type or print in ink. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. from

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

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

NAME AND ADDRES: (IF COMMITTEE, ALSO ENTE		ODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
AT&T Sacramento, CA 95887-	c	OFC				98.67
AT&T Sacramento, CA 95887-	C	OFC				158.84
AT&T Sacramento, CA 95887-	C	OFC				225.99
* Payments that are contributions or indepen	dent expenditures must also be summarize	ed on S	Schedule D.		SUBTOTAL \$	483.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	29,812.28
2. Unitemized payments made this period of under \$100 \$	640.36
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	30,452.64

Schedule E (Continuation Sheet) Payments Made	to whole dollars.		Sta from _ throug	tement covers period 01/01/2013 ph06/30/2013		ORNI/ RM	DULE E (CONT.) 4 460 of <u>34</u>	
NAME OF FILER						I.D. NUN	/IBER	
2012 Supervisor Simitian Office Holder Committee						13428	27	
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear ivery and me	95	RAD RFD SAL TEL TRC TRS S TSF	describe the payment radio airtime and productio returned contributions campaign workers' salarie t.v. or cable airtime and pro- candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cos	n costs s oduction co nd meals I, and meal es of the s	s ame ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AN	IOUNT PAID
AT&T Sacramento, CA 95887-		OFC						161.09
AT&T Sacramento, CA 95887-		OFC						9.49
AT&T Sacramento, CA 95887-		OFC						52.75

OFC

OFC

Sacramento, CA 95887-

AT&T

_

Sacramento, CA 95887-

SUBTOTAL \$ 324.41

51.59

49.49

Schedule E (Continuation Sheet) Payments Made	Type or print Amounts may b to whole do	e rounded	Statement covers period from01/01/2013	SCHEDULE E (CONT.) CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE			through06/30/2013	Page <u>10</u> of <u>34</u>		
NAME OF FILER				I.D. NUMBER		
2012 Supervisor Simitian Office Holder Committee				1342827		
CODES: If one of the following codes accurately deserved 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 com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s * POS postage, deli	munications d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging, TSF transfer between committed	on costs roduction costs and meals g, and meals ees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
AT&T Sacramento, CA 95887-		OFC		51.28		
- AT&T Sacramento, CA 95887-		OFC		169.19		
AT&T Mobility Carol Stream, IL 60197		OFC		163.16		

OFC

Card Service Center Dallas, TX 75356

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

AT&T Mobility Carol Stream, IL 60197

SUBTOTAL \$

See Schedule 'G' For Individual Credit Card Payee's

164.32

3,369.65

3,917.60

Schedule E	-		SCHEDULE E (0			
(Continuation Sheet)	Type or print Amounts may be		Statement covers period	CALIFORNIA 460		
Payments Made	to whole do	llars.	from01/01/2013	FORM 400		
SEE INSTRUCTIONS ON REVERSE			through06/30/2013	Page <u>11</u> of <u>34</u>		
NAME OF FILER				I.D. NUMBER		
2012 Supervisor Simitian Office Holder Committee				1342827		
CODES: If one of the following codes accurately descr 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 com MTG meetings and OFC office expen- PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances ses ating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	costs duction costs d meals and meals s of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID		
Card Service Center		See Schedule 'G'	For Individual Credit Card F	Payee's 1,191.08		

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
Card Service Center Dallas, TX 75356		See Schedule 'G' For Individual Credit Card Payee's	1,191.08
Card Service Center Dallas, TX 75356		See Schedule 'G' For Individual Credit Card Payee's	1,551.55
Card Service Center Dallas, TX 75356		See Schedule 'G' For Individual Credit Card Payee's	1,368.39
 Cardmember Services Saint Louis, MO 63179	OFC		25.00
Cardmember Services Saint Louis, MO 63179	WEB		39.98
* Payments that are contributions or independent expenditures must also be summarize	ed on Schedule D.	SUBTOTAL S	4 ,176.00

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER 2012 Supervisor Simitian Office Holder Committee CODES: If one of the following codes accurately describes 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 LT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	ou may er munications d appearance ses lating survey resear very and me	S	Statement covers period from 01/01/2013 through 06/30/2013 through 06/30/2013 nerwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a TS staff/spouse travel, lodging, a TS transfer between committee VOT voter registration WEB information technology cos	CALIFO FOR Page I.D. NUMB 1342827 t. on costs s oduction costs ind meals g, and meals uses of the sam	M 400
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
Cardmember Services Saint Louis, MO 63179 Cardmember Services Saint Louis, MO 63179		TRS	See Schedule 'G	' For Individual Credit Card	Payee's	89.00 3,095.92
Cardmember Services Saint Louis, MO 63179		WEB				39.98
Cardmember Services Saint Louis, MO 63179		OFC				25.00
Cardmember Services Saint Louis, MO 63179		WEB				38.98
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.		S	UBTOTAL \$	3,288.88

(Continuation Sheet) Amo Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER 2012 Supervisor Simitian Office Holder Committee 2012 Supervisor Simitian Office Holder Committee MBR CODES: If one of the following codes accurately describes the p CMP campaign paraphernalia/misc. MBR CNS campaign consultants MTG CTB contribution (explain nonmonetary)* OFC of COE CVC civic donations PET FIL candidate filing/ballot fees PHO IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense PRO LIT campaign literature and mailings PRT	member com meetings and office expen petition circul phone banks polling and s postage, deli	ou may er munications d appearance ses ating urvey resear very and me	S	Statement covers period from 01/01/2013 through 06/30/2013 through 06/30/2013 Otherwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRS staff/spouse travel, lodging, a TSF transfer between committee VOT voter registration WEB information technology cost	CALIFO FOR Page I.D. NUMBI 1342827 t. on costs s oduction costs ind meals g, and meals ges of the sam	M 400
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Cardmember Services Saint Louis, MO 63179		OFC				25.00
Cardmember Services Saint Louis, MO 63179			See Schedule '	G' For Individual Credit Card	Payee's	2,706.47
Cardmember Services Saint Louis, MO 63179		OFC				3.00
Cardmember Services Saint Louis, MO 63179		OFC				25.00
Cardmember Services Saint Louis, MO 63179		OFC				25.00
* Payments that are contributions or independent expenditures must also be sum	marized on	Schedule D.	1	S	UBTOTAL \$	2,784.47

Schedule E (Continuation Sheet) Payments Made Type or print in ink. Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 2012 Supervisor Simitian Office Holder Committee CODES: If one of the following codes accurately describes the payment, you may enter the code.				Statement covers period from 01/01/2013 through 06/30/2013	CALIFO FOR Page I.D. NUMBE 1342827	M 400
CODES: If one of the following codes accurately describe 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 com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey resear very and me	S	herwise, describe the payment RAD radio airtime and productio RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pro- candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	n costs s oduction costs nd meals I, and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
Cardmember Services Saint Louis, MO 63179		PRT				262.60
Cardmember Services Saint Louis, MO 63179			See Schedule 'G	' For Individual Credit Card	Payee's	140.00
Comcast Cable Sacramento, CA 95834		WEB				72.51
Comcast Cable Sacramento, CA 95834		WEB				82.55
Comcast Cable Sacramento, CA 95834		WEB				72.51
* Payments that are contributions or independent expenditures must als	so be summarized on s	Schedule D.		S	UBTOTAL \$	630.17

Schedule E	Truce on which in in la		SCHEDULE E (CONT.)
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from01/01/2013	FORM 400
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page <u>15</u> of <u>34</u>
NAME OF FILER			I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee			1342827
CODES: If one of the following codes accurately describ 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 LTT campaign literature and mailings	es the payment, you may enter the 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 s PRO professional services (legal, accou PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, ervices TSF transfer between committee	duction costs duction costs d meals and meals es of the same candidate/sponsor
	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMO	UNT PAID
Comcast Cable Sacramento, CA 9583	4	WEB				82.55
Comcast Cable Sacramento, CA 9583	4	WEB				72.51
Comcast Cable Sacramento, CA 9583	4	WEB				82.55
Comcast Cable Sacramento, CA 9583	4	WEB				72.51
Comcast Cable Sacramento, CA 9583	4	WEB				82.55
* Payments that are contri	butions or independent expenditures must also be summarized on	Schedule	 D.	S	UBTOTAL \$	392.67

Schedule E					S	SCHEDULE E (CONT.)
(Continuation Sheet)	Type or print Amounts may be		S	tatement covers period	CALIFO	^{RNIA} 460
Payments Made	to whole do	llars.	from	01/01/2013	FOR	M 400
SEE INSTRUCTIONS ON REVERSE			throu	Igh 06/30/2013	Page	<u>16</u> of <u>34</u>
NAME OF FILER					I.D. NUMB	ER
2012 Supervisor Simitian Office Holder Committee	2				1342827	7
CODES: If one of the following codes accurately	describes the payment, y	ou may enter the code.	Otherwise,	describe the payment.		
CMP campaign paraphernalia/misc.	MBR member com		RAD	radio airtime and production	costs	
CNS campaign consultants		d appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expen		SAL	campaign workers' salaries		
CVC civic donations	PET petition circu		TEL	t.v. or cable airtime and proc		3
FIL candidate filing/ballot fees	PHO phone banks		TRC	candidate travel, lodging, and		
FND fundraising events		urvey research	TRS	staff/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (exp		very and messenger services		transfer between committee	s of the san	ne candidate/sponsor
LEG legal defense		services (legal, accounting)	VOT	voter registration	(internet a	
LIT campaign literature and mailings	PRT print ads		WEB	information technology costs	s (internet, e	-mail)
NAME AND ADDRESS OF PAYEE				Ν ΟΕ ΡΑΥΜΕΝΙΤ		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Comcast Cable Sacramento, CA 95834	WEB		82.55
Comcast Cable Sacramento, CA 95834	WEB		82.55
Elizabeth Cuesta San Jose, CA 95116	OFC		196.73
 Elizabeth Cuesta San Jose, CA 95116	OFC		84.37
Elizabeth Cuesta San Jose, CA 95116	OFC		29.27
* Payments that are contributions or independent expenditures mus	st also be summarized on Schedule	 D.	SUBTOTAL \$ 475.47

nedule E Type or print in ink. ontinuation Sheet) Amounts may be rounded /ments Made to whole dollars.			from	from			ULE E (CONT.)	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	0073072013			of <u>34</u>
2012 Supervisor Simitian Office Holder Committee						I.D. NUN 13428		
CODES: If one of the following codes accurately describ 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 com MTG meetings and OFC office expension PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey resea very and me	25	RAD rac RFD rett SAL car TEL t.v. TRC car TRS sta TSF trai VOT vot	SCRIDE the paymen dio airtime and production urned contributions mpaign workers' salarie or cable airtime and prindidate travel, lodging, a ff/spouse travel, lodging, a ff/spouse travel, lodging nsfer between committeer registration pormation technology co	on costs es oduction co and meals g, and meal ees of the s	s ame can	didate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	F PAYMENT		AM	OUNT PAID
Elizabeth Cuesta San Jose, CA 95116		OFC						81.50
- Elizabeth Cuesta San Jose, CA 95116		OFC						76.73
- Elizabeth Cuesta San Jose, CA 95116		OFC						94.60

MTG

POS

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Cupertino Chamber of Commerce Cupertino, CA 95014-

Candace Joy Redwood City, CA 94063

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

SUBTOTAL \$ 432.09

100.00

79.26

2/15/13, Tickets to Attend Luncheon, 2, Officeholder

Schedule E	Type or print	in ink			SCHEDULE			
(Continuation Sheet)	Amounts may b				Statement covers period	CALIFO	DRNIA 160	
Payments Made	to whole do	to whole dollars.			0 1/01/2013	_ FOR	RM 400	
SEE INSTRUCTIONS ON REVERSE				thro	ugh 06/30/2013	– Page _	<u>18</u> of <u>34</u>	
NAME OF FILER						I.D. NUMI	BER	
2012 Supervisor Simitian Office Holder Committee						134282	27	
CODES: If one of the following codes accurately describe	es the payment, y	vou may e	nter the code.	Otherwise	, describe the payme	nt.		
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		d appearanc ises lating s survey resea ivery and me	es	RAL RFD SAL TEL TRC TRS TSF VOT WEE	campaign workers' salar t.v. or cable airtime and candidate travel, lodging, staff/spouse travel, lodgi transfer between commi voter registration	ries production cost and meals ng, and meals ttees of the sa	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID	
Candace Joy Redwood City, CA 94063		OFC					135.08	
Miller & Olson, LLP Burlingame, CA 94010-		PRO					1,990.22	

WEB

PRO

PRO

SUBTOTAL \$

414.00

754.20

310.25

3,603.75

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New Media Campaigns Chapel Hill, NC 27516

Sacramento, CA 95841

Sacramento, CA 95841

River City Business Services

River City Business Services

Schedule E	-			SCHEDULE E (CONT.)
(Continuation Sheet)	Type or print Amounts may be		Statement covers period	CALIFORNIA 460
Payments Made	to whole do	llars.	from01/01/2013	FORM 400
SEE INSTRUCTIONS ON REVERSE			through06/30/2013	Page9 of34
NAME OF FILER				I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee				1342827
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	OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	d appearances ses lating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	s oduction costs nd meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
River City Business Services		PRO		1,117.10

River City Business Services Sacramento, CA 95841	PRO	1,117.10
River City Business Services Sacramento, CA 95841	PRO	151.68
River City Business Services Sacramento, CA 95841	PRO	145.30
River City Business Services Sacramento, CA 95841	PRO	296.39
River City Business Services Sacramento, CA 95841	PRO	479.95
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D	SUBTOTAL \$ 2,190.42

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.		St from	atement covers perioc	d CALI F	schedule e (cont.) Fornia 460 orm	
SEE INSTRUCTIONS ON REVERSE				throu	gh		<u>20</u> of <u>34</u>
NAME OF FILER							JMBER
2012 Supervisor Simitian Office Holder Committee						1342	2827
CODES: If one of the following codes accurately description 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey resear ivery and me	95	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and prod returned contributions campaign workers' sa t.v. or cable airtime ar candidate travel, lodgi staff/spouse travel, lod	duction costs s alaries nd production c ing, and meals dging, and me nmittees of the	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
River City Business Services Sacramento, CA 95841		PRO					146.70
Terry Schuchat dba KSP Properties Palo Alto, CA 94306		OFC					1,000.00
Terry Schuchat dba KSP Properties Palo Alto, CA 94306		OFC					1,000.00
Terry Schuchat dba KSP Properties Palo Alto, CA 94306		OFC					1,000.00

Terry Schuchat dba KSP Properties Palo Alto, CA 94306	OFC	1,000.00

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

SUBTOTAL \$ 4,146.70

Schedule E	Type or prin	t in ink.		Ctata			CHEDULE E	E (CONT.	
(Continuation Sheet) Payments Made	Amounts may b to whole de			from	Statement covers period CALIFO from 01/01/2013				
SEE INSTRUCTIONS ON REVERSE				through	06/30/2013	Page	21 of	34	
NAME OF FILER						I.D. NUMBE	R		
2012 Supervisor Simitian Office Holder Committee						1342827			
CODES: If one of the following codes accurately descril 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 com MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications d appearanc nses ilating s survey resea livery and m	ces	RAD rac RFD ret SAL ca TEL t.v. TRC ca TRS sta TSF tra VOT vo	scribe the paymer lio airtime and producti urned contributions mpaign workers' salarie or cable airtime and p ndidate travel, lodging, ff/spouse travel, lodging, ff/spouse travel, lodgin nsfer between committ rer registration prmation technology co	on costs es roduction costs and meals g, and meals ees of the sam		⊮sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR [DESCRIPTION O	PAYMENT		AMOUNT	PAID	
Terry Schuchat dba KSP Properties Palo Alto, CA 94306		OFC					1	_,000.00	
- Terry Schuchat dba KSP Properties Palo Alto, CA 94306		OFC					1	.,000.00	
Joe Simitian Palo Alto, CA 94303		TRC	4/13/13, Lodgin Officeholder	ng to Attend	l Progess Seminar,	1,		210.23	
 Joe Simitian Palo Alto, CA 94303		TRC	No Single Trans	saction Exce	eds the Reporting	Threshold		147.00	
								119.00	

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

SUBTOTAL \$ 2,476.22

					S	CHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from01/01/2013	CALIFOF FORM	
				through06/30/2013	Page	22 of <u>34</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBE	
2012 Supervisor Simitian Office Holder Committee					1342827	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating survey resear ivery and me	es	erwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	n costs s oduction costs nd meals , and meals es of the sam	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Christine Stavem Campbell, CA 95008		OFC				268.28
- Christine Stavem Campbell, CA 95008		MTG	No Single Transa	ction Exceeds the Reporting	Threshold	110.43
 Christine Stavem Campbell, CA 95008		OFC				64.58
		OFC				46.64

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

SUBTOTAL \$ 489.93

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove	EC	ornia 460
			through 06/30/2	2013 Page .	<u>23</u> of <u>34</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUM	
2012 Supervisor Simitian Office Holder Committee				13428	27
CODES: If one of the following codes accurately describes the payment, you may enter for comparing paraphernalia/misc.CMPcampaign paraphernalia/misc.MBRmember communicationsCNScampaign consultantsMTGmeetings and appearancesCTBcontribution (explain nonmonetary)*OFCoffice expensesCVCcivic donationsPETpetition circulatingFILcandidate filing/ballot feesPHOphone banksFNDfundraising eventsPOLpolling and survey researchINDindependent expenditure supporting/opposing others (explain)*POSpostage, delivery and messengeLEGlegal defensePROprofessional services (legal, accLTcampaign literature and mailingsPRTprint ads		ns nces earch messenger services	RADradio airtime arRFDreturned contrilSALcampaign workTELt.v. or cable airtTRCcandidate traveTRSstaff/spouse traTSFtransfer betweeVOTvoter registration	nd production costs butions ters' salaries time and production costs I, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Miller & Olson, LLP Burlingame, CA 94010-	PRO	1,990.22	0.00	1,990.22	0.00
River City Business Services Sacramento, CA 95841	PRO	754.20	0.00	754.20	0.00
Card Service Center Dallas, TX 75356	See Schedule 'G' For Individual Credit Card Payee's	3,369.65	0.00	3,369.65	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 6,114.07 \$; 0.00 \$	6,114.07 \$	0.00
Schedule F Summary					
1. Total accrued expenses incurred this period. (Include all s accrued expenses of \$100 or more, plus total unitemized			INCU	RRED TOTALS \$ _	3,059.75
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				. PAID TOTALS \$ _	6,114.07
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET \$	-3,054.32

SCHEDULE E (CONT)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ink.	SCHEDULE F (CONT.)			
	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM 460		
		from01/01/2013			
		through06/30/2013	Page <u>24</u> of <u>34</u>		
NAME OF FILER			I.D. NUMBER		
2012 Supervisor Simitian Office Holder Committee			1342827		

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

- candidate filing/ballot fees FIL
- fundraising events FND
- independent expenditure supporting/opposing others (explain)* IND

- LEG legal defense
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- 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
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
River City Business Services Sacramento, CA 95841	PRO	0.00	219.37	0.00	219.37
Accurate Printing, Inc. San Francisco, CA 94107-	LIT	0.00	1,229.50	0.00	1,229.50
Card Service Center Dallas, TX 75356	See Schedule 'G' For Individual Credit Card Payee's	0.00	1,123.72	0.00	1,123.72
Candace Joy Redwood City, CA 94063	POS	0.00	248.53	0.00	248.53
	SUBTOTALS	\$ 0.00	\$ 2,821.12	0.00	\$ 2,821.12

SCHEDULE E (CONT)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ink.	SCHEDULE F (CONT.)			
	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
		from01/01/2013	FORM TOO		
		through06/30/2013	Page of34		
NAME OF FILER			I.D. NUMBER		
2012 Supervisor Simitian Office Holder Committee			1342827		

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

- candidate filing/ballot fees FIL
- fundraising events FND
- independent expenditure supporting/opposing others (explain)* IND

- LEG legal defense
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- 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
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Elizabeth Cuesta San Jose, CA 95116	POS	0.00	88.18	0.00	88.18
Hema Mohan Atherton, CA 94027	TRS	0.00	6.00	0.00	6.00
Hema Mohan Atherton, CA 94027	OFC	0.00	5.77	0.00	5.77
Hema Mohan Atherton, CA 94027	MTG No Single Transaction Exceeds the Reporting Threshold	0.00	138.68	0.00	138.68
	SUBTOTALS	\$ 0.00	238.63	0.00	\$ 238.63

Schedule G SCHEDULE G Type or print in ink. Statement covers period Payments Made by an Agent or Independent CALIFORNIA Amounts may be rounded 6 to whole dollars. **Contractor (on Behalf of This Committee)** 01/01/2013 FORM from 06/30/2013 through _ Page <u>26</u> of <u>34</u> SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2012 Supervisor Simitian Office Holder Committee 1342827 NAME OF AGENT OR INDEPENDENT CONTRACTOR Card Service Center 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 campaign consultants MTG RFD CNS meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events

- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- postage, delivery and messenger services POS
- PRO professional services (legal, accounting)
- PRT print ads

- transfer between committees of the same candidate/sponsor TSF
- voter registration VOT
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Books, Inc. Palo Alto, CA 94304	OFC		117.23
Books, Inc. Palo Alto, CA 94304	OFC		131.53
Breast Cancer Connections Palo Alto, CA 94306	CVC		125.00
Cafe Pro Bono Palo Alto, CA 94306	MTG	No Single Transaction Exceeds the Reporting Threshold	118.00
Attach additional information on appropriately labeled continuation sheets.		TOTAL* \$	491.76

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)Type of print in Ink. Amounts may be rounded to whole dollars.		Statement covers period from01/01/2013	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page <u>27</u> of <u>34</u>		
NAME OF FILER			I.D. NUMBER		
2012 Supervisor Simitian Office Holder Committee			1342827		
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Card Service Center					
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. C	Otherwise, describe the paymen	t.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and prod	luction costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	TRC candidate travel, lodging, and meals		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees	s of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			

LIT campaign literature and mailings

- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton Hotel Los Angeles, CA 90045	TRC	3/24/13, Lodging to Attend Community Events, 2, Officeholder & Spouse	176.50
Public Storage Palo Alto, CA 94303-	OFC		379.00
Public Storage Palo Alto, CA 94303-	OFC		379.00
Public Storage Palo Alto, CA 94303-	OFC		379.00
Attach additional information on appropriately labeled continuation sheets.		TOTAL* S	\$ 1,313.50

Payments Made by an Agent or IndependentType or print in mk.Contractor (on Behalf of This Committee)Amounts may be rounded to whole dollars.		Statement covers period from01/01/2013	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page28 of34
NAME OF FILER			I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee			1342827
NAME OF AGENT OR INDEPENDENT CONTRACTOR			<u>.</u>
Card Service Center			
CODES: If one of the following codes accurately describ	es the payment, you may enter the coo	le. Otherwise, describe the paymen	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and proc	luction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger servic	es TSF transfer between committee	s of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting) VOT voter registration	
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Public Storage Palo Alto, CA 94303-	OFC		379.00
Ristorante Avanti Santa Cruz, CA 95060	MTG	5/7/13, Meal for Governmental & Political Meeting, 3, Officeholder & Spouse	139.00
Siena Bistro San Jose, CA 95125	MTG	No Single Transaction Exceeds the Reporting Threshold	131.00
Siena Bistro San Jose, CA 95125	MTG	No Single Transaction Exceeds the Reporting Threshold	142.73
Attach additional information on appropriately labeled continuation sheets.		TOTAL* \$	791.73

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		froi	Statement covers period n01/01/2013	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE			thre	ough06/30/2013	Page of34
NAME OF FILER					I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee					1342827
NAME OF AGENT OR INDEPENDENT CONTRACTOR					•
Card Service Center					
CODES: If one of the following codes accurately describ	es the	payment, you may enter the code. O	therwise	e, describe the payment.	
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production c	osts
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and produ	ction costs
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and	meals
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and	nd meals
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees	of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) St Michael's Alley MTG No Single Transaction Exceeds the Reporting Threshold 149.00 Palo Alto, CA 94301 Tattered Cover Book Store OFC 107.93 Denver, CO 80202 United Airlines TRC No Single Transaction Exceeds the Reporting Threshold 100.00 Chicago, IL 60666 Vertical Response, Inc. CNS 180.00 San Francisco, CA 94107 Attach additional information on appropriately labeled continuation sheets. TOTAL* \$ 536.93

Schedule G SCHEDULE G Type or print in ink. Statement covers period Payments Made by an Agent or Independent CALIFORNIA Amounts may be rounded 5 to whole dollars. **Contractor (on Behalf of This Committee)** 01/01/2013 FORM from 06/30/2013 through _ Page 30 of 34 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 2012 Supervisor Simitian Office Holder Committee 1342827 NAME OF AGENT OR INDEPENDENT CONTRACTOR Cardmember Services 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 campaign consultants MTG meetings and appearances RFD CNS returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

- FND fundraising events
- independent expenditure supporting/opposing others (explain)* IND
- LEG legal defense
- LIT campaign literature and mailings

- POL polling and survey research
- postage, delivery and messenger services POS
- PRO professional services (legal, accounting)
- PRT print ads

- TRS staff/spouse travel, lodging, and meals
- transfer between committees of the same candidate/sponsor TSF
- voter registration VOT
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Sacramento, CA 95887-	OFC		161.09
Marriott Washington, DC 20037	TRC	1/2/13-1/6/13, Lodging to Attend Meetings in DC, 2, Officeholder & Spouse	716.91
Marriott Washington, DC 20037	TRC	2/2/13-2/6/13, Lodging to Attend Meetings in DC, 2, Officeholder & Spouse	885.59
Music For Minors Mountain View, CA 94043	CVC		250.00
Attach additional information on appropriately labeled continuation sheets.		TOTAL*	\$ 2,013.59

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.	fro	Statement covers period m01/01/2013	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE			thr	ough06/30/2013	Page of34
NAME OF FILER					I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee					1342827
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
Cardmember Services					
CODES: If one of the following codes accurately describe	es the	payment, you may enter the code. Ot	herwis	e, describe the payment.	
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production co	osts
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and produc	ction costs
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and r	neals
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, an	nd meals
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of	of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (i	internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pampas Palo Alto Palo Alto, CA 94301	MTG	2/19/13, Meal for Staff, 4, Officeholder & Spouse	293.29
Public Storage Palo Alto, CA 94303-	OFC		614.00
Public Storage Palo Alto, CA 94303-	OFC		379.00
San Jose Mercury News San Jose, CA 95190-	OFC		262.60
Attach additional information on appropriately labeled continuation sheets.	1	TOTAL* \$	1,548.89

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2013	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page 32 of 34	
NAME OF FILER			I.D. NUMBER	
2012 Supervisor Simitian Office Holder Committee			1342827	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
Cardmember Services				
CODES: If one of the following codes accurately describ	es the payment, you may enter the co	de. Otherwise, describe the paymen	t.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries		
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and prod	luction costs	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d meals	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger service	ces TSF transfer between committees	s of the same candidate/sponsor	
LEG legal defense	PRO professional services (legal, accounting	y) VOT voter registration		
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)	

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Services, Immigrant Rights, and Education Network (SIREN) San Jose, CA 95112	CVC		100.00
United Airlines Chicago, IL 60666	TRC	1/2/13-1/6/13, Airfare to Attend Meetings in DC, 1, Officeholder	178.80
United Airlines Chicago, IL 60666	TRC	2/2/13-2/6/13, Airfare to Attend Meetings in DC, 1, Officeholder	158.90
United Airlines Chicago, IL 60666	TRC	Refund	-178.80
Attach additional information on appropriately labeled continuation sheets.		TOTAL* S	\$ 258.90

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)Amounts may be rounded to whole dollars.		Statement covers period from01/01/2013	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through06/30/2013	Page <u>33</u> of <u>34</u>
NAME OF FILER		•	I.D. NUMBER
2012 Supervisor Simitian Office Holder Committee			1342827
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Cardmember Services			
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Ot	therwise, describe the payment	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and prod	luction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees	s of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Virgin America Burlingame, CA 94010	TRC	1/2/13-1/6/13, Airfare to Attend Meetings, 1, Officeholder	203.80
W. San Francisco Hotel San Francisco, CA 94103	TRC	1/24/13, Lodging to Attend Meetings, 1, Officeholder	413.49
W. Washington DC Washington, DC 20004	MTG	1/4/13, Food for Legislative Meeting, 4, Officeholder & Spouse	159.50
	1		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 776.79

Schedule I Miscellaneous Increases to Cash

Miscellaneous Inc		Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA FORM 460 Page 34 of 34
NAME OF FILER				I.D. NUMBER
2012 Supervisor Simiti	an Office Holder Committee			1342827
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Type or print in ink.

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ **Schedule I Summary** 1. Itemized increases to cash this period.\$ 0.00 231.24 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$_____

> FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

231.24

SCHEDULE I