SWORN COMPLAINT FORM (Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.

| Mail the complaint to: | Enforcement Division |
|------------------------|-------------------------------------|
| | Fair Political Practices Commission |
| | 428 J Street, Suite 620 |
| | Sacramento, California 95814 |

Person Making Complaint Franz Last name: First Name: Elena Street Address: 900 Lafayette Street, Suite 509 Santa Clara CA City: State: 95050 Zip: Telephone: (408) 940 5360 Fax: 408 940 5922 elena@franzlawfirm.com E-mail:

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, <u>do not file the complaint before you contact the FPPC</u> (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

| Last Name: | Minarik | | | <u>a - 17 - 18 - 19</u> | |
|---------------|-------------------|---------------------------|---------|-------------------------|--|
| First Name: | John | ् <u>र्य</u> ्य २१ ११. | <u></u> | <u></u> | |
| Street Addres | | | | | |
| City: Santa | Clara | | State: | CA | |
| Zip:9505 | i <u>1 -</u> | | | | |
| Telephone: | (_408) 919 | - 0088 | | | |
| Fax: | (_408_)919 | - 0188 | | | |
| E-mail- | john@mlnariklaw.c | om | | | |

Provision or Provisions of the Political Reform Act Allegediy Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) You must state the suspected violation(s) on this form.

John Minarik was a candidate for Seat 7 of the Santa Clara City Council race for 2012.

John's violations include failing to report paying employees to perform duties for the campaign; requiring employees to support his political affiliations; soliciting donations from employees and stating he would repay them after the election as a bonus. Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

Minarik is the principal and sole shareholder of The Minarik Law Group, Inc., where I was employed as an attorney and witnessed and experienced the violations stated above.

From Spring 2011 through election, Minarik walked precincts and require employees of the Firm walk precincts. Minarik called the employees "volunteers", although the employees were paid for their time and expected to perform these duties, including but not limited to walking precincts in order to promote Minarik's run for office, offer promotional materials including brochures and campaign signs.

Minarik solicited campaign donations from me on multiple occasions during business hours while I was working. He promised to repay me through the firm after the election as a bonus.

Minarik passed around a precinct waiking sign-up sheet to employees of the firm during a mandatory staff meeting. Minarik had multiple attorneys doing research and/or walking precincts on his behalf Monday-Friday. Another attorney in the firm told me that he discussed with Minarik how having employees of the firm walk precincts and perform campaign activities while getting paid by the firm was a violation of campaign finance law - Minarik stated that "we're doing it anyways." Disclosure: I'm presently involved in civil litigation with Minarik and the firm.

**Piease attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is <u>NOT</u> considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

| Last Name: Stel | nie | 1 |
|-----------------|-----|---|
|-----------------|-----|---|

First Name: James

Street Address:

| City: | | State: | | |
|-------|-------|--------|--|--|
| 7in: | | | | |
| Zini | 100 C | | | |

| Telep | hone: | | F | |
|-------|-------|--|---|--|

Telephone:

Fax: (____)___-

E-mail:

Minarik is currently appealing an administrative fine related to his failure to properly disclose a loan his law firm made to his campaign.

Santa Clara County Superior Case Nos. 1-13-CV-240567, and 1-13-AP-001520.

4

On August 22, 2013, I spoke with a representative at the FPPC who stated that I may submit this form as they would be interested in further Investigation.

Lastly, Minarik's timekeeping and billing program had an entry for campaign work that was used by employees within the firm. 1 do not have access or records related to this.

**Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is <u>NOT</u> considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

| Last Name: | Whitlow | | | |
|-----------------|------------|--------|--|--|
| First Name: | <u>Kim</u> | | | |
| Street Address: | | | | |
| City: | | State: | | |
| Zip: | | | | |
| Telephone: | | _ | | |
| Fax: | <u>-</u> | _ | | |
| E-mail: | | | | |

| Last Name: Anderson |
|---------------------|
| First Name: Michele |
| Street Address: |
| City: State: |
| Zip: |
| Telephone: () |
| Fax: () |
| E-mail: |
| Last Name: |
| First Name: |
| Street Address: |
| City: State: |
| Zip: |
| Telephone: () |
| Fax: () |
| E-mail: |
| |

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

11

(Signature)

31221,3 (Date)

Elena Rivkin Franz

5 . . .

(Please print your name)

Adrianne Korchmaros

From:Elena Rivkin Franz [elena@franzlawfirm.com]Sent:Thursday, August 22, 2013 1:58 PMTo:Adrianne KorchmarosSubject:John MlnarikAttachments:Sworm Complaint Form B-22-13.pdf

Dear Ms. Korchmaros:

Thank you for taking the time to speak with me on the phone. Attached please find my sworn affidavit related to John Mlnarik's failure to disclose employee time and labor on his campaign finance disclosure forms.

Sincerely, Elena

Elena Rivkin Franz Real Estate & Business Litigation | Transactions | Contracts FRANZ LAW 900 Lafayette Street, Suite 509 Santa Clara, CA 95050 Main: 408-940-5360 Direct: 408-940-5360 Direct: 408-940-5922 <u>elena@franzlawfirm.com</u> <u>http://www.franzlawfirm.com</u>

CONFIDENTIALITY NOTICE: This e-mail transmission, and any documents, files or previous e-mail messages attached to it, may contain confidential information that is legally privileged. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this message is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify us by reply e-mail at <u>elena@franzlawfirm.com</u> or by telephone at (408) 940-5360 and destroy the original transmission and its attachments without reading them or saving them to disk. Thank you.

IRS CIRCULAR 230 DISCLOSURE: To comply with requirements imposed by recently issued treasury regulations, we inform you that any U.S. tax advice contained in this communication (including any attachments) is not intended or written by us, and cannot be used by you, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another person any transaction or matter addressed herein.

| | <i>a</i> . | | | COVER PAGE |
|--|---|--|--|--|
| Recipient Committee Campaign Statement | Type or print in i | ink. | Dale Stamp | CALIFORNIA 460 |
| Cover Page | | | | FORM |
| | | | RECEIVED | 4 40 |
| (Government Code Sections 84200-84216.5) | Statement covers period | Date of election if applicable: | | Page of |
| | | (Month, Day, Year) | JUL 3 1 2012 | For Official Use Only |
| | from January 1, 2012 | | | |
| SEE INSTRUCTIONS ON REVERSE | throughJune 30, 2012 | 11-6-12 | City Cierk's Office City of Santa Clara | |
| 1. Type of Recipient Committee: All Committees - Co | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| Officeholder, Candidate Controlled Committee | Primarily Formed Ballot Measure | Preelection Statement | C) Qua | rterly Statement |
| | Committee | Semi-annual Statement | | cial Odd-Year Report |
| | O Controlled | Termination Statement | | plemental Preslection |
| | Sponsored Also Complete Part 5) | (Also file a Form 410 T | | ement - Attach Form 495 |
| General Purpose Committee | | Amendment (Explain b | elow) | |
| U | Primarily Formed Candidate/ | and the strength of | | |
| O official optimization optimization | Officeholder Committee Also Complete Part 7) | and the second s | | |
| Political Party/Central Committee | | | | |
| | D. NUMBER 1347570 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | |
| | | John L. Minarik | | |
| Minarik for City Council 2012 | | MAILING ADDRESS | | |
| | | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP C | ODE AREA CODE/PHONE |
| | | Santa Clara | CA 9505 | |
| CITY STATE ZIP CO | DDE AREA CODE/PHONE | NAME OF ASSISTANT TREASU | | |
| Santa Clara CA 9505 | | Michele A. Anderson | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B | | MAILING ADDRESS | | |
| materio nooness (il bill enterin noi mos sincer on no. i | | MALEING ADDRESS | | |
| CITY STATE ZIP CO | DDE AREA CODE/PHONE | CITY | STATE ZIP C | ODE AREA CODE/PHONE |
| | | Santa Clara | CA 9505 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDR | and the second | |
| | | | | |
| | | | | and the second |
| 4. Verification | | | | I - I - I I |
| I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the Jaws of the State of Californi | | medge the information contained he | rein and in the attached schedu | les is true and complete. I certify |
| | a marine loregoing is the and conect | Main D | 1 | |
| Executed on July 31, 2012 | Ву | 1. Michell (1. | um | |
| | | Signature of Treasurer or Assistant | Treasurer | |
| Executed on July 31, 2012 | Ву | tohn I Thhink | No. North | |
| Uste | Signature of Con | rolling Officehoider, Candidate, State Measure Pro | ponent of Responsible Unicer of Sponsor | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, S | tate Measure Prononent | |
| Data | | any nouse of the alone of the Riter, Certificate, S | ren magenie i referie d | |
| Executed on | By | | | |

Date

\$ 3

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COMMITTEE ADDRESS

CITY



5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CAN | DIDATE | | k | 100 |
|-------------------------------|--------------------|-------------|-----------------|-----|
| John L. Minarik | | | | |
| OFFICE SOUGHT OR HELD (INCLUD | E LOCATION AND DIS | TRICT NUMBE | R IF APPLICABLE | E) |
| Council Member; City of Sa | anta Clara, Seat | 7 | | |
| RESIDENTIAL/BUSINESS ADDRESS | (NO. AND STREET) | CITY | STATE | ZIP |
| | San | ta Clara, C | A 95050 | |

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 | | LD. NUN | ABER |
|-------------------|-------------------|--------------|-----------------|
| NAME OF TREASURER | | | |
| COMMITTEE ADDRESS | STREET ADDRESS (N | 10 P.O. BOX) | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COMMITTEE NAME | | I.D. NUN | IBER |
| NAME OF TREASURER | | CONTRO | LLED COMMITTEE? |

STREET ADDRESS (NO P.O. BOX)

STATE

YES

ZIP CODE

NO NO

AREA CODE/PHONE

NAME OF BALLOT MEASURE

6. Primarily Formed Ballot Measure Committee

| BALLOT NO. OR LETTER | JURISDICTION | |
|----------------------|--|--|
| | the second s | |

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 | |
|-----------------------------------|-----------------------|---------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |

Attach continuation sheets if necessary

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

| Campaign Disclosure Statement | | Type or print in Ink. | | | | | SUMMARY PAGE |
|---|----|---|-------------|-------------------------------------|-------------|---|--|
| Summary Page | A | mounts may be round to whole dollars. | bet | | State | ment covers period | CALIFORNIA 460 |
| | | | | | from | January 1, 2012 | FORM TOU |
| SEE INSTRUCTIONS ON REVERSE | | | | | through | June 30, 2012 | Page of |
| NAME OF FILER | | ··· ··· | | | | | I.D. NUMBER |
| Minarik for City Council 2012 | | | | 4 | | | 1347570 |
| Contributions Received | | Column A Total this period (FROMATTACHED SCHEDULES) | - da | Column CALENDAR 1 TOTALTOD | EAR | | imary for Candidates e State Primary and |
| 1. Monetary Contributions | 5 | 5514.00 | \$ | 55 | 14.00 | | hrough 6/30 7/1 to Date |
| 2. Loans Received Schedule B, Line 3 | | 0.00 | | | 0.00 | 1/1 1/ | hrough 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | 5514.00 | Ş | | 514.00 | 20. Contributions Received S | s |
| 4. Nonmonetary Contributions Schedule C, Line 3 | | 0.00 | | | 0.00 | 21. Expenditures | |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ | 5514.00 | \$ | 55 | 14.00 | Made \$ | \$ |
| Expenditures Made | | | | | | | |
| 6. Payments Made | F | 196.51 | c | 1 | 96.51 | Expenditure Limit S Candidates | Sumpary for State |
| 7. Loans Made | 3 | 0.00 | 4 | | 0.00 | Gandidates | / |
| B. SUBTOTAL CASH PAYMENTS | | | | 1 | 96.51 | | e Expenditures Made* |
| 9. Accrued Expenses (Unpaid Bills) | | | 3 | | 0.00 | | Voluntary Expenditure Limit) |
| 10. Nonmonetary Adjustment | | 0.00 | | | 0.00 | Date of Election (mm/dd/yy) | Total to Date |
| 11. TOTAL EXPENDITURES MADE | | | | 1 | 96.51 | | |
| TO TAL EAFENDITORES MADE | \$ | 100.01 | \$ | | 00.01 |]///////////// | _ \$ |
| Current Cash Statement | | | | | | //_ | \$ |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | | То | calculate Colur | nn B. add | / | |
| 13. Cash Receipts Column A, Line 3 above | | 5514.00 | an | nounts in Colum | in A to the | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0.00 | fro | rresponding an m Column B of | your last | *Amounts in this section m reported in Column B. | nay be different from amounts |
| 15. Cash Payments | | 196.51 | | ort. Some ame lumn A may be | | | |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | 5,317.49 | fig | ures that should | dbe | | |
| If this is a termination statement, Line 16 must be zero. | | | pe | btracted from priod amounts. | If this is | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | | 0.00 | | first report bel this calendar y | | | |
| | ¢ | | 1.1 SSS *** | my over the am | | | |
| Cash Equivalents and Outstanding Debts | | 0.00 | an | | | | |
| 18. Cash Equivalents | \$ | | | | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ | 0.00 | | | | FPEC Toll-Free Helplin | FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772) |
| | | | • | | | | |
| | | | | | | 1 | |

| Schedule Monetary | A Contributions Received | Amount | e or print in ink. Is may be rounded whole dollars. | Statement cov fromJanuary | ers period y 1, 2012 | | ORNIA 460 |
|----------------------|---|-----------------------|---|-----------------------------------|--|---|--|
| SEE INSTRUCTIO | DNS ON REVERSE | | | throughJune | 30, 2012 | Page _ | 4 of 10 |
| Minarik fo | r City Council 2012 | | | | | 13475 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 5/7/12 | Tom Minarik Bellevue, NE 68123 | | Veteran's Service Officer Sarpy County | \$500.00 | \$500 | .00 | \$500.0 |
| 5/16/12 | Angie Tong Milpitas, CA 95035 | | Attomey for The Minarik Law Group, Inc. | \$500.00 | \$500. | .00 | \$500.0 |
| 5/30/12 | Larry Fargher Santa Clara, CA 95051 | | Realtor for Realcom Associates | \$200.00 | \$200 | .00 | \$200.0 |
| 6/8/12 | James J. Stelnle San Jose, CA 95126 | | Attorney for The Minarik Law Group, inc. | \$250.00 | \$250 | .00 | \$250.0 |
| 6/13/12 | Janice Murray Los Altos, CA 94022 | | Attorney for Murray & Murray | \$100.00 | \$100 | .00 | \$250.0 |
| | | | SUBTOTAL | \$\$1,550.00 | | | |
| . Amount re | A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) | | | | IND- | | |
| | ceived this period – unitemized monetary contributions etary contributions received this period. | of less than \$ | \$ | 564.00 | PTY- | Other (e Political F | .g., business entity) |

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| | A (Continuation Sheet) Contributions Received | Type or pri Amounts may to whole (| be rounded | Irom | ers period 1, 2012 30, 2012 | CALIFOF FORM | |
|------------------------------|--|--|---|-----------------------------------|--|-----------------------|--|
| NAME OF FILER MInarik for | City Council 2012 | | | | | 1.D. NUMBE 1347570 | C21 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALGO 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 CALENDAR Y (JAN. 1 - DEC | 'EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 6/14/12 | Matthew Rudy Mountain View, CA 94043 | | Attorney for Hoover, Bechtel, Hoover & Krepelka | \$100.00 | \$100 | .00 | \$100.00 |
| 6/14/12 | Richard Minarik Mondamin, IA 51557 | | Farmer (Self-Employed) | \$200.00 | \$200. | .00 | \$200.00 |
| 6/16/12 | Sally and Bill Harper And And And And And And And And And And | | RetIred | \$100.00 | \$100. | .00 | \$100.00 |
| 6/16/12 | Elena Rivkin Franz Los Gatos, CA 95032 | | Attorney for The Mlnarik Law Group, Inc. | \$500.00 | \$500. | .00 | \$500.00 |
| 6/16/12 | Jim Magglore Santa Clara, CA 95050 | | V.P. of Royal Glass Co., Inc. | \$500.00 | \$500. | 00 | \$500.00 |
| | | | SUBTOTAL \$ | \$\$1,400.00 | - | | |

*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

| Ionetary | A (Continuation Sheet) Contributions Received | Type or pri Amounts may to whole (| be rounded | Irom | ers period 7 1, 2012 30, 2012 | F(Page _ I.D. NU | MBER |
|------------------|--|--|---|-----------------------------------|--|-------------------------|--|
| Minarik for | City Council 2012 | | | | | 13475 | 570 |
| 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 BELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC | 'EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 6/16/12 | Barry Harper Santa Clara, CA 94025 | | VP of Marketing at The MInarik Law Group, Inc. | \$250.00 | \$250 | .00 | \$250.00 |
| 6/16/12 | Nhon Duong San Jose, CA 95161 | | Detective for SJPD and self-employed Attorney | \$100.00 | \$100 | .00 | \$100.00 |
| 6/16/12 | Osman Guracar Mountain View, CA 94040 | | Attorney (Self-Employed) | \$100.00 | \$100 | .00 | \$100.00 |
| 6/16/12 | Miles Barber Santa Clara, CA 95052 | | Publisher, Santa Clara Weekly | \$500.00 | \$500 | .00 | \$500.00 |
| 6/16/12 | Janet Minarik Bellevue, NE 68123 | | Housewife | \$250.00 | \$250. | 00 | \$250.00 |
| | | | SUBTOTAL | \$ \$1,200.00 | | | |

*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

| | A (Continuation Sheet) Contributions Received | Type or pri Amounts may to whole r | be rounded | 11010 | ers period / 1, 2012 30, 2012 | CALIF FO | |
|------------------------------|---|--|---|-----------------------------------|--|--------------------|--|
| NAME OF FILER MInarik for | City Council 2012 | | | | | 1.D. NUM 134757 | 1007369 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFBELF-EMPLOYED, ENTER NAME OFBUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC | EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 6/21/12 | Chun-Lan Lin Cupertino, CA 95024 | | Attorney (TSMC North America) | \$100.00 | \$100 | .00 | \$100.00 |
| 6/22/12 | Christopher J. McClure Santa Clara, CA 95050 | | Financial Analyst for Lockheed | \$200.00 | \$200 | .00 | \$200.00 |
| 6/26/12 | Jon Newman Santa Clara, CA 95051 | ØIND COM OTH □PTY □scc | IT Consultant for Jon Newman & Associates | \$250.00 | \$250 | .00 | \$250.00 |
| 6/27/12 | Brooke Cannaday Palo Alto, CA 94303 | DIND COM OTH PTY SCC | Real Estate Appraiser (self-employed) | \$250.00 | - \$250 | .00 | \$250.00 |
| | | | | | | | |
| | | | SUBTOTAL | s 800.00 | | | |

*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

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| Schedule E Payments Made | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period from January 1, 2012 | CALIFORNIA FORM 460 |
|---|--|--|------------------------|
| SEE INSTRUCTIONS ON REVERSE | • | through June 30, 2012 | Page 8 of |
| Minarik for City Council 2012 | | * | 1347570 |
| 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 (exclate nonmonetary)* | MBR member communications MTG meetings and appearances OEC office expenses | RAD radio airtime and production RFD returned contributions SAL campaion workers' salaries | |

- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings

- OFC office expense
- 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

- 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 PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE | DR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|--------------|------------------------------------|-------------|
| Spitfire Advertising Sunnyvale, CA 94085 | CMP | Printing costs for Remit Envelopes | 152.19 |
| | | | |
| Payments that are contributions or independent expenditures must also be sum | marized on S | chedule D. SUBTOTALS | 152.19 |
| Schedule E Summary I. Itemized payments made this period. (Include all Schedule E subtotals.) | | 5 | 152.19 |
| | | · | 44.32 |

| 2. | . Unitemized payments made this period of under \$100 \$ | \$ | 44.32 |
|----|---|----|--------|
| 3. | . Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | s_ | 00.00 |
| | Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | \$ | 196.51 |

| | | | Martin Color States | - X - 1 | | SCH | IEDULE F |
|---|---|---|--|---|---------------------------|--|----------|
| Schedule F Accrued Expenses (Unpaid Bills) | Type or print in ink. Amounts may be round to whole dollars. | | Statement cove from January | ers period CA v 1, 2012 | LIFOR | | 60 |
| | | | throughJune | 30, 2012 | age9 |) of | 10 |
| SEE INSTRUCTIONS ON REVERSE | | | | | NUMBER | | |
| Minarik for City Council 2012 | | | | | 47570 | | |
| CODES: If one of the following codes accurately describ CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense | MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services | ns inces earch messenger services | RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate traw TRS staff/spouse tr TSF transfer betwe VOT voter registrati | the payment. Ind production costs ibutions kers' salaries rtime and production el, lodging, and meals avel, lodging, and meals avel, lodging, and meals ion | cosis eals e same c | | sponsor |
| LT campaign literature and mailings | PRT print ads | | | chnology costs (interr | et, e-mai | - | |
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | BA | (d) OUTSTAN LANCE AT OF THIS PE | CLOSE |
| "R" Us Credit Card/CECRB Atlanta, GA 30353-0939 | | | | | | | |
| Decathion Club Santa Clara, CA 95051 | FND | \$1,980.98 | \$1,980.98 | 0.0 | 0 | \$19 | 980,98 |
| Vista Print Lexington, MA 02421 | СМР | \$158.26 | \$158.26 | 0.0 | 0 | \$1 | 158.26 |
| Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ 2,139.24 \$ | 2,139.24 | \$ 0.00 | \$ | 2,1 | 39.24 |
| Schedule F Summary | | | | | | | |
| Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized a | chedule F, Column (b) su accrued expenses under S | btotals for \$100.) | INCU | RRED TOTALS | \$ | 3,109 | .94 |
| Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized | | | | PAID TOTALS | \$ | 107 | .71 |
| Net change this period. (Subtract Line 2 from Line 1. End on the Summary Page, Column A, Line 9.) | er the difference here and | t | | NET | May be : | 3,217 | .65 |
| | | | | | PC Form | 460 (Jan | uary/05) |

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

e.

| Schedule F | dule E Type or print in ink. | | SCHEDULE | EF(CONT.) |
|---|---|--|------------------------|------------|
| (Continuation Sheet) Accrued Expenses (Unpaid Bills) | Amounts may be rounded to whole dollars. | Statement covers period from January 1, 2012 through June 30, 2012 | CALIFORNIA FORM | 460 |
| NAME OF FILER Minarik for City Council 2012 | | | 1.D. NUMBER 1347570 | |
| CODES: If one of the following codes accurately de | escribes the payment, you may enter the co | ode. Otherwise, describe the payment | | |

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

PRT print ads

PET

POL

PRO

MTG meetings and appearances

polling and survey research

POS postage, delivery and messenger services

professional services (legal, accounting)

CMP campaign paraphernalia/misc.

- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC clvic donations
- FIL candidate filing/ballot fees
- FND fundralsing events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings

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

- RAD radio alrtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL 1.v. or cable airlime 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 voler 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Dr. Don's Buttons, Badges and Magnets Glendale, AZ 85308 | CMP | \$970.70 | \$970.70 | 0.00 | \$970.70 |
| | | | | | |
| | | | | | |
| - | | | | | |
| | SUBTOTALS | \$ 970.70 | \$ 970.70 | \$ 0.00 | \$ 970.7 |

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

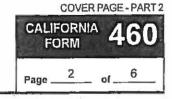
| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE | Type or print in Statement covers period fromOct. 27, 2012 throughDec. 31, 2012 | Date of election if applicable: (Month, Day, Year) 11-6-12 | Date Stamp RECEN JAN 022 Gity Grante Call Sity of Santa Call | Page - | FORNIA 460 |
|--|--|---|--|---|---------------------------|
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure committee) Controlled) Sponsored Vso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Vso Complete Part 7) | 2. Type of Statement: 2. Type of Statement: 2. Preelection Statement 3. Semi-annual Statement 3. Termination Statement (Also file a Form 410 Termination file a form | rminatlon) | Quarterly State Special Odd-Ya Supplemental I Statement - Atl | ear Report Preelection |
| |). NUMBER 347570 | Treasurer(s) NAME OF TREASURER John L. MInarik MAILING ADDRESS | STATE | ZIP CODE | AREA CODE/PHONE |
| CITY STATE ZIP CO Santa Clara CA 9505 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B | 1 | Santa Clara NAME OF ASSISTANT TREASUR Michele A. Anderson MAILING ADDRESS | CA RER, IF ANY | 95051 | |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | CITY Santa Clara OPTIONAL: FAX / E-MAIL ADDR | STATE CA ESS | 21P CODE - 95051 | 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 December 31, 2012 | By Michieh a. andwirth | |
|-------------------------------|--|------------------------------|
| Data December 31, 2012 | ALL Sumptime of Treasurer or Assistant Treasurer | |
| Executed onDate | By | 6 |
| Executed onDate | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | P. |
| Executed on Date | BySignature of Controlling Officeholder, Candidate, State Measure Proponent | FPPC Form 460 (January/0) |
| | FPPC Toll-Free Helpline | : 866/ASK-FPPC (866/275-377) |

5) 2) State of Collfornia Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
|---|-------------|-----------------|-----|
| John L. Mlnarik | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS | TRICT NUMBE | R IF APPLICABLE |) |
| Council Member; City of Santa Clara, Seat | 7 | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
| C | ta Clara, C | A 05050 | |

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

| COMMITTEE NAME | I.D. NUMBER |
|-------------------|-------------------------------|
| NAME OF TREASURER | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHON |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | OPPOSE |
|----------------------|--------------|--------|
|----------------------|--------------|--------|

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|
| • | |

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | |
|-----------------------------------|-----------------------|---------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | SUPPORT |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | |

Attach continuation sheets if necessary

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

| Campaign Disclosure Statement Summary Page | Type or print in ink. Amounts may be round to whole dollars. | mounts may be rounded State | | | CALIFORNIA 460 FORM 460 |
|---|--|---|---|---|--|
| NAME OF FILER Minarik for City Council 2012 | | | | | 1.0. NUMBER 1347570 |
| Contributions Received | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Column CALENDAR Y TOTAL TO DA | EAR | | 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 | \$469.00 | s102 s345 4 | 33.00 57.00 590.00 69.00 59.00 | 1/1 # 20. Contributions Received \$ 21. Expenditures | nrough 6/30 7/1 to Date \$ \$ |
| Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 0.00 \$ 814.00 0.00 469.00 | s345 | 0.00 0.00 0.00 0.00 69.00 60.00 | | Summary for State Expenditures Made* Voluniary 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. | -443.00 0.00 814.00 | To calculate Colum amounts in Column corresponding am from Column B of report. Some amo Column A may be figures that should subtracted from p period amounts. I the first report bei | in A to the nounts your last ounts in negative d be previous if this is ing filed | *Amounts in this section m reported in Cotumn B. | \$ |
| 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 | s0.00 | for this calendar y carry over the am from Lines 2, 7, an any). | iounts | FPPC Toll-Free Heiplin | FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772) |

....

| | | Type or print in | ink | • | | | SCH | EDULE B-PART 1 |
|--|---|---|--|--|---------------------------------------|--|--------------------------------------|---|
| Schedule B – Part 1 Loans Received | | ounts may be ro to whole dollar | ounded | Statement co Oct. 2 | vers period 27, 2012 | CALIFORN FORM | ^{IIA} 460 | |
| | | | | | from | | PURIVI | |
| SEE INSTRUCTIONS ON REVERSE | | | | | through | . 31, 2012 | Page | of |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Minarik for City Council 2012 | | | | | | | 1347570 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PA OR FORGIVI THIS PERIC | EN CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| John L. Minarik | The Minarik Law Group | | | | | | | CALENDAR YEAR |
| | 4 | | | s0.0 | | O W | s_10,000 | s10,000 |
| Santa Clara, CA 95050 | Santa Clara, CA 95051 | 10.000 | 0.00 | FORGIVEN | | | | PER ELECTION** |
| | | s10,000 | 3 | s0.0 | 0 12/31/12 DATE DUE | s0.00 | DATE INCURRED | \$0.00 |
| John L. Minarik | The Minarik Law Group | 1 | | PAID | | | | CALENDAR YEAR |
| | | | | s443.0 | 0 \$ 257.00 | O % | s_700.00 | 10,700 |
| Santa Clara, CA 95050 | Santa Clara, CA 95051 | 10 700 | | FORGIVEN | | | | PER ELECTION ** |
| | | s10,700 | s <u> </u> | s0.0 | 0 12/31/12 DATE DUE | s0.00 | 10/19/12 DATE INCURRED | \$0.00 |
| The Minarik Law Group, Inc. | | | | PAID | | | | CALENDAR YEAR |
| | | i . | | s0.0 | | O % | \$ 6586.00 | s <u>6,586</u> |
| Santa Clara, CA 95051 | | 0.00 | 0.00 | FORGIVEN | 1 | | | PER ELECTION ** |
| † IND СОМ 20 ОТН ПРТҮ П SCC | | s0.00 | s0.00 | s0.0 | | \$0.00 | 8/06/12 DATE INCURRED | \$\$ |
| | | SUBTOTALS \$ | 0.00 : | \$ 443.0 | 0 \$ 10,257.00 | \$ 0.00 | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |
| 1. Loans received this period | | | | \$ | 0.00 | _ | | |
| (Total Column (b) plus unitemized loans | | | | | | to | Contributor Codes | |
| 2. Loans paid or forgiven this period | | | | | 443.00 | | D – Individual OM – Recipient Co | ommittee |
| (Total Column (c) plus loans under \$100 (Include loans paid by a third party that | paid or forgiven.) | | | | | o | | PTY or SCC) business entity) |
| Net change this period. (Subtract Line Enter the net here and on the Summary | 2 from Line 1.) / Page, Column A, Line 2. | | | NET \$ | -443.00 (May be a negative number) | | CC – Small Contrit | |
| *Amounts forgiven or paid by another party also n ** If required. | nust be reported on Schedule A. |] | | | | | FPPC Form | 460 (January/05) |

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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24

| Schedul Nonmor | e C netary Contributions Received | | Type or print in ink. Amounts may be rounded to whole dollars. | Statement covers period fromOct. 27, 2012 | | | CALIFORNIA 460 | | |
|------------------------|---|--------------------------------------|---|--|------------------|---------------------------------------|---------------------|---|--|
| EE INSTRUCT | TONS ON REVERSE | | | | through Dec. 31, | 2012 | Page | 56 | |
| Minarik fo | r or City Council 2012 | | | | | | і.d. NUMB 134757 | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVIC | | CUMULA DA CALENDA (JAN 1 -) | re Ar year | PER ELECTION TO DATE (IF REQUIRED | |
| 10/31/12 | Spitfire Advertising Sunnyvale, CA 94085 | ☐IND ☐COM ☑OTH ☐PTY ☐SCC | | Envelopes | 394.00 | | 394.00 | | |
| 10/31/12 | The UPS Store Santa Clara, CA 95051 | ☐IND ☐COM ØOTH ☐PTY ☐SCC | | Printing | 75.00 | | 75.00 | | |
| | | DIND COM OTH PTY SCC | | | | | | | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | | | |
| Attach add | ditional information on appropriately labe | led continuati | on sheets. | SUBTOT | ALS 469.00 | | | | |
| Amount r (Include a | C Summary received this period – itemized nonmonetary all Schedule C subtotals.) | | | | | | | | |
| Total non | received this period – unitemized nonmonet monetary contributions received this period. es 1 and 2, Enter here and on the Summary | | | | 460.00 | PTY | - Political Pa | | |

0

| Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Minarik for City Council 2012 | Type of Amounts r to wh | | e rounded | | fron | 1 | nt covers period Oct. 27, 2012 Dec. 31, 2012 | CALIF FO Page I.D. NU/ 134755 | RM 400 |
|---|---|---|---|----------------|-----------|--|---|--|----------------------|
| CODES: if one of the following codes accurately describe CMP campaign paraphemalia/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 filterature and mailings | MBR member MTG meeting OFC office of PET petition PHO phone POL polling POS postage | er comm gs and expense o circula banks and su e, delive sional s | nunications appearances ses aling urvey researc very and mes | 5 | | radio c returne campa t.v. or candid staff/sj transfe voter r | artime and production ad contributions sign workers' salarlas cable airtime and pro ate travel, lodging, ar pouse travel, lodging, | duction cost nd meals and meals as of the sai | me candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER LD. NUMBER) | | | CODE O | R D | ESCRIPTIO | N OF PAY | MENT | | AMOUNT PAID |
| Neto's Market & Grill Santa Clara, CA 95050 | | | CMP | Election Night | Party | | | | \$800.00 |
| | | | | | | | | | |
| | | | | | | | | | \$800.00 |
| * Payments that are contributions or Independent expenditures i | must also be s | umma | rized on Sc | hedule D. | | | SL | JBTOTAL \$ | 800.00 |
| Schedule E Summary | | | | | | | | | |
| 1. Itemized payments made this period. (Include all Schedule | E subtotals.). | | | | ****** | | | \$ | 800.00 |
| 2. Unitemized payments made this period of under \$100 | | | | | | | | \$ | 14.00 |
| 3. Total interest paid this period on loans. (Enter amount from | Schedule B, I | Part 1 | , Column (| e).) | | | | \$ | 0.00 |

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| Recipient Committee | | | Part and a second s | COVER PAGE | |
|---|---|--|--|--|--|
| Campaign Statement | Type or print in | Ink. | Date Stamp | CALIFORNIA 460 | |
| Cover Page | | × | and the second second second second | FORM TOO | |
| (Government Code Sections 84200-84216.5) | | | RECEIVED | Page 1 of 1 | |
| | Statement covers period | Date of election if applicable: | ate of election if applicable: | | |
| | from Oct. 27, 2012 | (Month, Day, Year) | FEB 15 2013 | For Official Use Only | |
| SEE INSTRUCTIONS ON REVERSE | through Dec. 31, 2012 | 11-6-12 | City Clerk's Office City of Santa Clare | | |
| 1. Type of Recipient Committee: All Committees - | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | and an and an and a second | |
| | Primarily Formed Ballot Measure | Preelection Statement | Γ'ι Q | uarterly Statement | |
| O State Candidate Election Committee | Committee | Semi-annual Statement | | pecial Odd-Year Report | |
| (Also Complete Part 5) | O Controlled | Termination Statement | | upplemental Preelection | |
| (Pisa Compare Fan S) | O Sponsored (Also Complete Part 6) | (Also file a Form 410 T | | atement - Atlach Form 495 | |
| General Purpose Committee | Primarily Formed Candidate/ | Amendment (Explain b | | 0040 | |
| Sponsored Small Contributor Committee | Officeholder Committee | Amending Form 460 | filed on December 31, | 2012 changing the type | |
| O Political Party/Central Committee | (Also Compiele Part 7) | Statement to a "Term | ination Statement and | Seml-Annual Statement" | |
| 3. Committee Information | I.D. NUMBER 1347570 | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE | and the second | NAME OF TREASURER | | ••••••• | |
| Minarik for City Council 2012 | | John L. Minarik | | | |
| | | MAILING ADDRESS | | | |
| 1000 | | | | | |
| STREET ADDRESS (ND P.O. HOX) | | | | CODE AREA CODE/PHONE | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | Santa Clara | | 051 | |
| Santa Clara CA 950 | | Michele A. Anderson | | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | | MAILING ADDRESS | | | |
| | | | | | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE ZIP | CODE AREA CODE/PHONE | |
| | | Santa Ciara | CA 95 | 051 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL. FAX / E-MAIL ADDR | RESS | | |
| 4. Verification | ten i den in | | | | |
| I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califor | | owledge the information contained he | rein and in the attached sche | dules is true and complete. I certify | |
| | that that the foregoing is the and correct. | Malais A Chin | da som | | |
| Executed on February 13, 2013 | Ву | A gignature of Treasurer or Assistant | Imanuar | | |
| February 13, 2013 | ll. | L-LMI | I I GRAM CI | | |
| Executed on | BySignature of Co | ring Officeholder, Candidate, State Measure Pro | ponent or Responsible Officer of Spons | or | |
| Executed on | By | | | | |
| Date | ~; | Signature of Controlling Othcoholder, Candidate, S | tate Measure Proponent | | |
| Executed on Date | Ву | Signature of Controlling Officinholder, Candidate, S | bis (Jacob en Directorian) | | |
| Liaio | | Signature of Contraking Officiation of Candidate, S | Late wrotes a 6 17 open 45 th | FPPC Form 460 (January/06) | |

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772) State of California

| Recipient Committee Type or print In In Campaign Statement Cover Page Government Code Sections 84200-84216.5) Statement covers period from October 1, 2012 | | nk. Date of election if applicable: (Month, Day, Year) | Date Stamp RECEIVED FEB 15 2013 | CALIFORNIA FORM 460 | |
|---|--|---|---------------------------------------|---|--|
| SEE INSTRUCTIONS ON REVERSE | throughOctober 20, 2012 | 11-6-12 | City of Santa Clara | | |
| O Recall O Controlled I Termination Statement I Supplemental P | | | | cial Odd-Year Report plemental Preelection ement - Attach Form 495 o "Santa Ciara Police | |
| 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Minarik for City Council 2012 STREET ADDRESS (NO P.O. BOX) | .D. NUMBER 1347570 | Treasurer(s) NAME OF TREASURER John L. MInarik Mailing address City | STATE ZIP C | ODE AREA CODE/PHONE | |
| CITY STATE ZIP C Santa Clara CA 950 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. | 51 | Santa Clara NAME OF ASSISTANT TREASU Michele A. Anderson MAILING ADDRESS | CA 950 | | |
| CITY STATE ZIP C OPTIONAL: FAX / E-MAIL ADDRESS | ODE AREA CODE/PHONE | CITY Santa Clara OPTIONAL: FAX / E-MAIL ADDR | STATE ZIP C CA 950 | | |
| 4. Verification Thave used all reasonable diligence in preparing and reviewing | ng this statement and to the best of my know | wedge the information contained ha | rein and in the altached sched | ules 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.

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| Executed on | February 13, 2013 | By Allchele Ct. Conderson | |
|-------------|-------------------|---|---|
| | Date | Signification of Jreasizor or Assistant Treasurer | |
| Executed on | February 13, 2013 | By | |
| Executed on | Date | By | |
| Executed on | Date | By | |
| | | | FPPC Form 460 (January/05) 855/ASK-FPPC (866/275-3772) |

I-Free Helpline: 856/ASK-FPPC (866/275-3772) State of California

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| Schedule A Monetary Contributions Received | | Type or print in ink. Amounts may be rounded to whole dollars. | | Statement covers period fromOctober 1, 2012 | | CALIFORNIA FORM 460 | |
|---|---|--|---|--|--|------------------------------|--|
| SEE INSTRUCTIO | NS ON REVERSE | | | through Octob | er 20, 2012 | Page _ | 2of2 |
| NAME OF FILER | City Council 2012 | | | | | 1.D. NUM 134757 | |
| 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 | PER ELECTION TO DATE (IF REQUIRED) |
| 10/4/2012 | David C. Delozier Santa Clara, CA 95050 | VIND COM OTH PTY SCC | Insurance Broker for Peterson's Insurance Company | \$100.00 | \$100 | .00 | \$100.0 |
| 10/6/2012 | Matthew Geisick Campbell, CA 95008 | | Attorney for Law Offices of John H. Coward | \$100.00 | \$100.00 | | \$100.0 |
| 10/11/2012 | Robert W. Ricks Pacific Grove, CA 93950 | | Auto Dealer for Frontier Infiniti | \$100.00 | \$100 | .00 | \$100.0 |
| 10/12/2012 | Santa Clara Police Association Santa Clara, CA 95052 | | FPPC ID #1266738 | \$500.00 | \$500 | .00 | \$500.0 |
| 10/15/2012 | Santa Clara & San Benito Counties Building Construction San Jose, CA 95125 | DIND COM OTH PTY SCC | FPPC ID #743618 | \$500.00 | \$500 | .00 | \$500.0 |
| | | | SUBTOTAL | \$ \$1,300.00 | | | |
| 1. Amount red (Include all | A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) | | | \$2,550.00 | IND - COM | (other the | les Commillee an PTY or SCC) g., business entity) |
| 3. Total mone | eived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur | | | \$2,705.00 | PTY- | - Political P - Small Cor | |

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| Desiniant Committee | | | | COVER PAGE | | |
|--|---|--|---|--|--|--|
| Recipient Committee Campaign Statement | Type or print in | Type or print in Ink. | | CALIFORNIA 460 | | |
| Cover Page | | R | RECEIVED | TONM | | |
| (Government Code Sections 84200-84216.5) | Statement covers period | Date of election if applicable: | | Page of | | |
| | Oct 27 2012 | (Month, Day, Year) | FEB 15 2013 | For Official Use Only | | |
| | from | | City Clerk's Office | | | |
| SEE INSTRUCTIONS ON REVERSE | through Dec. 31, 2012 | 11-6-12 | City of Santa Clara | | | |
| 1. Type of Recipient Committee: All Committees - | - Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | | |
| | Primarily Formed Ballot Measure | Preelection Statement | C) Qua | arterly Statement | | |
| State Candidate Election Committee Recati | Committee Controlled | Semi-annual Statement | | cial Odd-Year Report | | |
| (Also Complete Part 5) | Sponsored | (Also file a Form 410 T | | plemental Preelection ement - Attach Form 495 | | |
| Caparal Rumana Committan | (Also Complete Part 6) | Amendment (Explain b | | entent - Adden Form 495 | | |
| General Purpose Committee | Primarily Formed Candidate/ | | filed on December 31, 2 | 012 changing the type | | |
| O Small Contributor Committee | Officeholder Committee | | | | | |
| O Political Party/Central Committee | (Also Complete Part 7) | Statement to a "Termination Statement and Semi-Annual Statement" | | | | |
| 3. Committee Information | I.D. NUMBER 1347570 | Treasurer(s) | | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF ND COMMITIN | A second s | NAME OF TREASURER | 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - | | | |
| Minarik for City Council 2012 | | John L. Minarik | | | | |
| William for City Council 2012 | | MAILING ADDRESS | | | | |
| | | | | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP C | | | |
| | | Santa Clara | CA 950 | 51 | | |
| | CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASU | RER, IF ANY | | | |
| Santa Clara CA 95 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P. | 051 | Michele A. Anderson | | | | |
| | 5. 607 | MAILING ADDRESS | | | | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE ZIP C | ODE AREA CODE/PHONE | | |
| | | Santa Clara | CA 950 | 51 | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDE | RESS | | | |
| | | | | | | |
| 4. Verification | | | | | | |
| I have used all reasonable diligence in preparing and review | | owledge the information contained he | rein and in the attached sched | ules is true and complete. I certify | | |
| under penalty of perjury under the laws of the State of California | ornia that the foregoing is true and correct. | Marin A Da | leco. 1 | | | |
| Executed on February 13, 2013 | Ву | friends G. Cark | uron | | | |
| February 13, 2013 | | P Chighature of Treasurer or Assistant | Treasurer | | | |
| Executed on Date | BySkonakorb cf Cc | mtrcling Officeholder, Candidate, State Measure Pro | ponent or Responsible Officer of Sponsor | s | | |
| | V | | | | | |
| Executed onUate | Ву | Signature of Controlling Officisholder, Candidate, S | tate Measure Proponent | | | |
| Executed on Date | Ву | | late Manager Descarate | | | |
| Liste | | Signature of Controlling Officeholder, Candidate, S | ale measure Proponent | EDDC Form 460 (Innuon(05) | | |

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