

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

| | |
|---|--|
| Statement covers period from <u>1/1/14</u> through <u>6/30/14</u> | Date of election if applicable: (Month, Day, Year) <u>11/04/14</u> |
|---|--|

Page _____ of _____
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1364842

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

STREET ADDRESS (NO P.O. BOX)
1809 Arena Drive

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Davis | CA | 95618 | (530) 902-1535 |

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

| | | | |
|--------------------------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| madhavisunder@gmail.com | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Grace Salvagno

MAILING ADDRESS

1821 Arena Drive

| | | | |
|--------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Davis | CA | 95618 | 530-219-7088 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|-----------------------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| gcsalvagno@gmail.com | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on July 29, 2014
Date

Executed on 7/29/14
Date

Executed on _____
Date

Executed on _____
Date

By Grace Salvagno
Signature of Treasurer or Assistant Treasurer

By Madi S
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page _____ of _____

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Madhavi Sunder

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

Davis Joint Unified School District Board of Trustees

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

1809 Arena Drive Davis CA 95618

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

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

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

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/14</u> through <u>6/30/14</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER 1364842 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>17,087.82</u> | \$ _____ |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>17,087.82</u> | \$ _____ |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>931.00</u> | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>18,018.82</u> | \$ _____ |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A | Column B |
|---|--------------------|----------|
| 6. Payments Made Schedule E, Line 4 | \$ <u>4,897.35</u> | \$ _____ |
| 7. Loans Made Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>4,897.35</u> | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>931.00</u> | _____ |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>5,828.35</u> | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|---------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>0</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>17,087.82</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>.16</u> |
| 15. Cash Payments Column A, Line 8 above | <u>4,897.35</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>12,190.63</u> |

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/14 | |
| through | 6/30/14 | Page _____ of _____ |
| NAME OF FILER | | I.D. NUMBER |
| FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014 | | 1364842 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| | See attached Schedule A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

| | |
|---|---------------------------|
| 1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) | \$ 15,581.00 |
| 2. Amount received this period – unitemized contributions of less than \$100 | \$ 1,506.82 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ 17,087.82 |

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A; Itemized
Monetary Contributions Over \$100

Period 01/01/14-
06/30/14

Form 460
Families for Madhavi Sunder
for School Board 2014
ID#1364842

| Date | First Name | Last Name | Code | Address | Occupation/Employer | Amount | Cumulative |
|-----------|---------------|--------------|------|---|--------------------------|----------|------------|
| 3/12/2014 | Madhavi | Sunder | IND | 1809 Arena Drive Davis, CA 95616 | UC Davis | \$500.00 | \$500.00 |
| 3/19/2014 | Irene | Joo | IND | 3234 Oyster Bay Av Davis 95816 | UC Davis | \$150.00 | \$150.00 |
| 3/20/2014 | Ed | Imwinkelried | IND | 1837 White Sands Ln Davis 95816 | UC Davis | \$150.00 | \$150.00 |
| 3/22/2014 | Suad | Joseph | IND | 1 Shields Avenue Davis 95816 | UC Davis | \$200.00 | \$200.00 |
| 4/8/2014 | Cruz | Reynoso | IND | 3034 Prado Ln Davis 95618 | UC Davis | \$100.00 | \$100.00 |
| 4/9/2014 | M.T. | Sunder | IND | 6605 Waters Edge Wy Lakewd.RchFL 43202 | Retired | \$500.00 | \$500.00 |
| 4/9/2014 | Harish | Chander | IND | 229 Wortham Drive Raleigh, NC 27614 | Retired | \$500.00 | \$500.00 |
| 4/9/2014 | Spencer | Overton | IND | Chevy Chase 20815 | Geo Washington Univ. | \$250.00 | \$250.00 |
| 4/9/2014 | Timothy Allen | Wilkins | IND | 601 Lexington #3100 New York, NY 10022 | Freshfields Bruckhaus US | \$100.00 | \$100.00 |
| 4/10/2014 | Alicia | Silva | IND | 1737 Arena Drive Davis 95618 | Sutter Davis Hospital | \$200.00 | \$200.00 |
| 4/10/2014 | Georgia | Bush | IND | 345 W.13th St #3F New York, NY 10014 | Rutgers University | \$250.00 | \$250.00 |
| 4/10/2014 | Grace | Salvagno | IND | 1821 Arena Drive Davis 95618 | Retired | \$150.00 | \$150.00 |
| 4/10/2014 | Jacob | Willig | IND | 1514 West St Grinnell, IA 50112 | Grinnell College | \$250.00 | \$250.00 |
| 4/10/2014 | John B. | Thomson | IND | 4223 Boxelder Pl Davis 95618 | Sutter Medical Group | \$100.00 | \$100.00 |
| 4/10/2014 | Shama | Mesiwala | IND | 3249 Conquistador Wy Davis 95618 | State of CA | \$100.00 | \$100.00 |

Schedule A; Itemized
Monetary Contributions Over \$100

Period 01/01/14-
06/30/14

Form 460
Families for Madhavi Sunder
for School Board 2014
ID#1364842

| | | | | | | | |
|-----------|----------------------|--------------|-----|---|-----------------------------|----------|----------|
| 4/11/2014 | Allison | Chilcott | IND | 2002 Baywood Ln Davis 95618 | Unemployed | \$100.00 | \$100.00 |
| 4/11/2014 | Bruce (& Lois) | Wolk | IND | 1209 Colby Drive Davis 95616 | State of CA | \$200.00 | \$200.00 |
| 4/11/2014 | Malia | McCarthy MD | IND | 2902 Concord Ave Davis 95618 | Psychiatry practice | \$200.00 | \$200.00 |
| 4/11/2014 | Provenza4Supervisr | Jim Provenza | COM | 3043 Bollate Lane Davis 95618 | County of Yolo | \$100.00 | \$100.00 |
| 4/13/2014 | Aruna | Dasika | IND | 11 Driftwood Drive Livingston NJ 7039 | Matheny Hospital, NJ | \$200.00 | \$200.00 |
| 4/13/2014 | John | Hunt | IND | 2609 Nevelson Ct Davis 95618 | UC Davis | \$200.00 | \$200.00 |
| 4/15/2014 | Sanjay (&Pooja Bali) | Sunder | IND | 6606 Waters Edge Wy Lakewd.RchFL 43202 | Royal Bank of Scotland | \$500.00 | \$500.00 |
| 4/19/2014 | Cori | Meltzer | IND | 3171 No. 35th Street Hollywd FL 33021 | Cori Flam Meltzer Mediation | \$500.00 | \$500.00 |
| 4/24/2014 | Mark | Lemley | IND | 1000 Loyola Drive Los Altos 94024 | Stanford University | \$500.00 | \$500.00 |
| 4/24/2014 | Prasad | Yadavalli | IND | 611 A South First Ave Galloway NJ 8205 | IBM | \$100.00 | \$100.00 |
| 4/27/2014 | Lisa | Ikemoto | IND | 532 Flicker Avenue Davis 95616 | UC Davis | \$100.00 | \$100.00 |
| 5/1/2014 | Floyd | Feeney | IND | 1228 Colby Drive Davis 95616 | UC Davis | \$200.00 | \$200.00 |
| 5/1/2014 | Lisa | Stulberg | IND | 716 Valley Road Montclair NJ 0-7043 | New York University | \$100.00 | \$100.00 |
| 5/2/2014 | Delaine | Eastin | IND | 4226 Dogwood Place Davis 95618 | Self employed | \$100.00 | \$100.00 |
| 5/2/2014 | Estela | Heringer | IND | 1705 Redwood Lane Davis 95616 | Kaiser Permanente Med. | \$100.00 | \$100.00 |

Schedule A; Itemized
Monetary Contributions Over \$100

Period 01/01/14-
06/30/14

Form 460
Families for Madhavi Sunder
for School Board 2014
ID#1364842

| | | | | | | | |
|-----------|----------------|------------------|-----|--|-----------------------------|------------|------------|
| 5/2/2014 | Kara | Ueda | IND | 522 D Street Davis 95616 | Best Best & Krieger | \$100.00 | \$100.00 |
| 5/2/2014 | Mona | Siegel | IND | 3012 Florinda Ln Davis 95618 | Sac State | \$100.00 | \$100.00 |
| 5/2/2014 | Poornima | Balasubramanyam | IND | 3054 Carmelo Ln Davis 95618 | homemaker | \$300.00 | \$300.00 |
| 5/2/2014 | William | Daugherty | IND | 639 E Street Davis 95616 | DJUSD | \$100.00 | \$100.00 |
| 5/5/2014 | Jacqueline | Legg | IND | 3703 Ascada Place Davis 95618 | homemaker | \$100.00 | \$100.00 |
| 5/5/2014 | Rao | Tilak | IND | 4641 Saginaw Ct Plano, TX 75024 | Ericsson | \$100.00 | \$100.00 |
| 5/8/2014 | Debbie Nichols | Poulos | IND | Davis 95616 | Retired | \$250.00 | \$250.00 |
| 5/11/2014 | John | Ayer | IND | 287 E. 2nd Avenue Chico, CA 95926 | UC Davis | \$100.00 | \$100.00 |
| 5/11/2014 | Jyothika | Panchagnula | IND | 682 Cherry Valley Dr Amherst, OH 44001 | Erie Coast Physicians | \$500.00 | \$500.00 |
| 5/11/2014 | Mario | Biagioli | IND | 1466 Summit Rd Berkeley 94708 | UC Davis | \$200.00 | \$200.00 |
| 5/12/2014 | Harrison | Dunning | IND | 755 Elmwood Dr Davis 95616 | UC Davis/Retired | \$300.00 | \$300.00 |
| 5/14/2014 | Songseng | Sinantha | IND | 926 Eagle Ridge Rd CedarFalls IA 50613 | Homemaker | \$500.00 | \$500.00 |
| 5/15/2014 | Leticia | Saucedo | IND | 3200 5th Avenue SacramentoCA 95817 | UC Davis | \$100.00 | \$100.00 |
| 5/15/2014 | Lisa | Pruitt | IND | 3930 Wildbriar Lane Fair Oaks 95628 | UC Davis | \$250.00 | \$250.00 |
| 5/15/2014 | North Raleigh | Gastroenterology | OTH | 6080-C Six Forks Road Raleigh, NC 27609 | N. Raleigh Gastroenterology | \$1,000.00 | \$1,000.00 |
| 5/16/2014 | Ashutosh | Bhagwat | IND | 1095 Country Club Dr Moraga CA 94556 | UC Davis | \$100.00 | \$100.00 |

Schedule A; Itemized
Monetary Contributions Over \$100

Period 01/01/14-
06/30/14

Form 460
Families for Madhavi Sunder
for School Board 2014
ID#1364842

| | | | | | | | |
|-----------|----------------|----------------|-----|--|----------------------------|----------|----------|
| 5/16/2014 | Charlene | Simmons | IND | 645 Oak Avenue Davis 95616 | Retired | \$150.00 | \$150.00 |
| 5/16/2014 | Darien | Shanske | IND | 1227 Hopkins Street Berkeley 94702 | UC Davis | \$100.00 | \$100.00 |
| 5/16/2014 | Evelyn | Lewis | IND | 1006 Oeste Drive Davis 95616 | UC Davis | \$100.00 | \$100.00 |
| 5/16/2014 | Friends of | Freddie Oakley | COM | 38598 Lupine Court Davis 95616 | Yolo County | \$100.00 | \$100.00 |
| 5/16/2014 | Gabriel "Jack" | Chin | IND | 2559 Hepworth Drive Davis 95618 | UC Davis | \$150.00 | \$150.00 |
| 5/16/2014 | Miguel | Mendez | IND | 121 Valley Road San Carlos, CA 94070 | UC Davis | \$100.00 | \$100.00 |
| 5/16/2014 | Susan | Mann | IND | 530 E Street Davis 95616 | Retired | \$100.00 | \$100.00 |
| 5/17/2014 | Carlton | Larson | IND | 1415 Crystal Grove Davis 95616 | UC Davis | \$200.00 | \$200.00 |
| 5/17/2014 | Vikram | Amar | IND | 140 Cragmont Drive Walnut Creek 94598 | UC Davis | \$200.00 | \$200.00 |
| 6/3/2014 | Linda | Bagley | IND | 4604 Woodley Ave Encino, CA 91436 | Disney Co. | \$100.00 | \$100.00 |
| 6/4/2014 | Chian | He | IND | 2571 Hepworth Dr Davis 95618 | State of CA | \$100.00 | \$100.00 |
| 6/4/2014 | Elizabeth | Joh | IND | 16 Yale Circle KensingtonCA 94708 | UC Davis | \$100.00 | \$100.00 |
| 6/5/2014 | A. Hari | Reddi | IND | 27343 Par Circle El Macero 95618 | homemaker | \$250.00 | \$250.00 |
| 6/5/2014 | Amarvir | Singh | IND | 44405 Clubhouse Dr El Macero 95618 | Golden State Equipmt Rpair | \$100.00 | \$100.00 |
| 6/5/2014 | Anand | Mamidi | IND | 44313 Greenview Dr El Macero 95618 | homemaker | \$101.00 | \$101.00 |
| 6/5/2014 | Anita | Dhesi | IND | 423 First St Davis 95616 | Remax realty | \$101.00 | \$101.00 |

Schedule A; Itemized
Monetary Contributions Over \$100

Period 01/01/14-
06/30/14

Form 460
Families for Madhavi Sunder
for School Board 2014
ID#1364842

| | | | | | | | |
|----------|------------------|--------------|-----|--|-------------------------|----------|----------|
| 6/5/2014 | Aparna | Krishnan | IND | 2519 Albany Avenue Davis 95618 | Siemens Corp | \$100.00 | \$100.00 |
| 6/5/2014 | Arun | Sen | IND | 422 Fiesta Avenue Davis 95616 | Retired | \$100.00 | \$100.00 |
| 6/5/2014 | Best Western Inn | Bharat Patel | COM | 1345 Commercial Way Dixon, CA 95620 | Best Western Inn | \$101.00 | \$101.00 |
| 6/5/2014 | Biswanath | Mukherjee | IND | 2600 Calder Court Davis 95618 | UC Davis | \$101.00 | \$101.00 |
| 6/5/2014 | Chander | Arora | IND | 721 Harrier Place Davis 95616 | Retired | \$100.00 | \$100.00 |
| 6/5/2014 | Gayatri | Mahajan | IND | 1217 Villaverde Ln Davis 95618 | UCD Medical Center | \$100.00 | \$100.00 |
| 6/5/2014 | Guneet | Bajwa | IND | 424 Angela Street Davis 95618 | Presidio Hotel Mgmt | \$125.00 | \$125.00 |
| 6/5/2014 | Kalyana | Munagala | IND | 5604 Marden Drive Davis 95618 | Maximus, Inc | \$100.00 | \$100.00 |
| 6/5/2014 | Mariko | Yamada | IND | P.O. Box 528 Sacramnto CA 95812 | State of CA | \$100.00 | \$100.00 |
| 6/5/2014 | Nila | Patel | IND | 1236 So Drummond Davis 95618 | homemaker | \$201.00 | \$201.00 |
| 6/5/2014 | Rajinder | Trewn, MD | IND | 5605 Guthrie Pl Davis 95618 | Hernried Med Group | \$100.00 | \$100.00 |
| 6/5/2014 | S K Narayan | Gowda | IND | 2910 Anza Avenue Davis 95616 | Retired | \$101.00 | \$101.00 |
| 6/5/2014 | Sareena | Malhi | IND | 2119 Whistler Court Davis 95618 | David Grant Medical Ctr | \$200.00 | \$200.00 |
| 6/5/2014 | Smita | Vaidya | IND | 1771 Mariposa Circle Davis 95618 | Homemaker | \$200.00 | \$200.00 |
| 6/5/2014 | Sushma | Mahajan | IND | 44218 Lakeview Dr El Macero 95618 | homemaker | \$100.00 | \$100.00 |
| 6/5/2014 | Third Street | Jewelers | OTH | 903 Third Street Davis 95616 | self employed jeweler | \$100.00 | \$100.00 |

Schedule A; Itemized
 Monetary Contributions Over \$100

Period 01/01/14-
 06/30/14

Form 460
 Families for Madhavi Sunder
 for School Board 2014
 ID#1364842

| | | | | | | | |
|-----------|------------|--------------|-----|---|------------------------------|-------------|-------------|
| 6/5/2014 | Ugrappa | Nagalakshmi | IND | 4222 Boxelder Place Davis 95618 | UC Davis | \$100.00 | \$100.00 |
| 6/5/2014 | Vidhya | Ramakrishnan | IND | 3449 LaPlaya Dr Davis 95618 | UC Davis | \$100.00 | \$100.00 |
| 6/20/2014 | Jacqueline | Fagerlin | IND | 2 Allston Way SanFranciscoCA 94127 | Cardoza Law Offices | \$100.00 | \$100.00 |
| 6/20/2014 | Robert | Traverso | IND | 1316 Torrey Street Davis 95618 | Self employed realtor | \$100.00 | \$100.00 |
| 6/26/2014 | Baki | Tezcan | IND | 814 L Street Davis 95616 | UC Davis | \$100.00 | \$100.00 |
| 6/27/2014 | Stephen | Newman | IND | 2114 Glendon Avenue Los Angeles CA 90025 | Stroock Stroock & Lavan LLP | \$100.00 | \$100.00 |
| 6/29/2014 | Sylvia | Enriquez | IND | 2806 Audubon circle Davis 95616 | Heritage Peak Charter School | \$100.00 | \$100.00 |
| 6/30/2014 | Sonya | Katyal | IND | 140 W. 62nd St New York, NY 10023 | UC Berkeley | \$100.00 | \$100.00 |
| | | | | | | \$15,581.00 | \$15,581.00 |

Schedule A
 Monetary Contributions
 Unitemized; Less than \$100

Period: 01/01/14 -
 06/30/14

Form 460
 Families for Madhavi Sunder for
 School Board 2014
 ID#1364842

| Date | First | Last | Amount this period | Cumulative to Date |
|---------|----------------|--------------|--------------------|--------------------|
| 3/31/14 | Gloria | Partida | \$25.00 | \$25.00 |
| 4/10/14 | Chian | He | \$20.00 | \$120.00 |
| 4/12/14 | Trina | Jones | \$50.00 | \$50.00 |
| 4/14/14 | Rabia | Paracha | \$25.00 | \$25.00 |
| 4/18/14 | Katherine | Unger, MD | \$99.00 | \$99.00 |
| 4/21/14 | Bradley | Sliwa | \$50.00 | \$50.00 |
| 4/24/14 | Sundari | Cherukuri | \$50.00 | \$50.00 |
| 5/2/14 | Robert | Noll | \$50.00 | \$50.00 |
| 5/2/14 | Mario | Salvagno | \$42.82 | \$42.82 |
| 5/2/14 | Madhavi | Sunder | \$10.00 | \$10.00 |
| 5/2/14 | Rose | Villazor | \$99.00 | \$99.00 |
| 5/8/14 | Cynthia | Pickett | \$25.00 | \$25.00 |
| 5/8/14 | Ed | Imwinkelried | \$40.00 | \$190.00 |
| 5/8/14 | Anil | Kalhan | \$75.00 | \$75.00 |
| 5/12/14 | Heather | Bock | \$50.00 | \$50.00 |
| 5/12/14 | Robert | Hillman | \$50.00 | \$50.00 |
| 5/12/14 | Al | Lin | \$50.00 | \$50.00 |
| 5/12/14 | Malia | McCarthy | \$17.00 | \$217.00 |
| 5/12/14 | Madhavi | Sunder | \$14.00 | \$549.00 |
| 5/12/14 | Krista | Thomson | \$2.00 | \$2.00 |
| 5/16/14 | Karima | Bennoune | \$50.00 | \$50.00 |
| 5/16/14 | Gabriel "Jack" | Chin | \$13.00 | \$163.00 |
| 5/16/14 | Richard | Frank | \$50.00 | \$50.00 |
| 5/16/14 | Courtney | Joslin | \$50.00 | \$50.00 |
| 5/16/14 | Rodney | Villazor | \$21.00 | \$21.00 |
| 5/26/14 | Rose | Villazor | \$7.00 | \$107.00 |
| 5/19/14 | Linda | Dobris | \$50.00 | \$50.00 |
| 5/19/14 | Rajgopal | Mutluru | \$50.00 | \$50.00 |
| 5/19/14 | Grace | Salvagno | \$2.00 | \$152.00 |

Schedule A
 Monetary Contributions
 Unitemized; Less than \$100

Period: 01/01/14 -
 06/30/14

Form 460
 Families for Madhavi Sunder for
 School Board 2014
 ID#1364842

| | | | | |
|---------|----------|---------------|------------|------------|
| 5/21/14 | Anuradha | Mutluru | \$75.00 | \$75.00 |
| 5/26/14 | Eric | Hays | \$50.00 | \$50.00 |
| 6/5/14 | Andrea | Chandrasekher | \$50.00 | \$50.00 |
| 6/5/14 | Maria | Fernandez | \$6.00 | \$13.00 |
| 6/5/14 | Maynard | Skinner | \$50.00 | \$50.00 |
| 6/10/14 | Mona | Siegel | \$4.00 | \$104.00 |
| 6/18/14 | Jennifer | Barro | \$2.00 | \$2.00 |
| 6/18/14 | Lisa | Ikemoto | \$2.00 | \$102.00 |
| 6/18/14 | Saif | Islam | \$2.00 | \$2.00 |
| 6/18/14 | Kristen | Mandelaris | \$9.00 | \$9.00 |
| 6/18/14 | Alicia | Silva | \$4.00 | \$204.00 |
| 6/18/14 | Lisa | Stulberg | \$7.00 | \$107.00 |
| 6/18/14 | Mona | Sunder | \$7.00 | \$507.00 |
| 6/18/14 | John | Thomson | \$14.00 | \$114.00 |
| 5/2/14 | Rose | Villazor | \$7.00 | \$107.00 |
| 5/16/14 | Rodney | Villazor | \$21.00 | \$21.00 |
| 6/23/14 | Shama | Mesiwala | \$10.00 | \$110.00 |
| 6/28/14 | Peter | Lee | \$50.00 | \$50.00 |
| | | | \$1,506.82 | \$4,198.82 |

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/14</u> through <u>6/30/14</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER 1364842 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | |

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
(May be a negative number)

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

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

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

**Schedule B – Part 2
Loan Guarantors**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/14</u> | CALIFORNIA FORM 460 |
| through <u>6/30/14</u> | |
| Page _____ of _____ | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014 | I.D. NUMBER 1364842 |
|---|-------------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------|-------------------------------|---|-----------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | 0 |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |

| | | |
|--------------------|----------|--------------------------------------|
| SUBTOTAL \$ | 0 | Enter on Summary Page, Line 17 only. |
|--------------------|----------|--------------------------------------|

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/14</u> through <u>6/30/14</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

I.D. NUMBER

1364842

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|--|---------------------------|---|------------------------------------|
| 5/7/14 | Rik Keller Photography 608 Adeline Place Davis, CA 95616 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed photographer | Image processing and license, creative fee and location charges | 900.00 | 900.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 900.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 900.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 31.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 931.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule C (additional)
Non-monetary contributions;
less than \$100

Period 1/1/14
to 6/30/14

Form 460
FAMILIES FOR MADHAVI SUNDER
FOR SCHOOL BOARD 2014

| Date | Contributor | Code | Description | Amount | Cumulative |
|---------|---|------|---|---------|------------|
| 4-11-14 | Anupam Chander 1809 Arena Drive Davis, CA 95618 | WEB | Registration fee to NationBuilder for online database | \$19.00 | \$19.00 |
| | | | | | |
| 5-7-14 | Anupam Chander 1809 Arena Drive Davis, CA 95618 | CMP | Precinct maps obtained at office of Yolo County Elections | \$12.00 | \$12.00 |
| | | | | | |
| | | | | | |
| | | | | \$31.00 | \$31.00 |

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED

| | | |
|---|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/14 | |
| through | 6/30/14 | Page _____ of _____ |
| NAME OF FILER | | I.D. NUMBER |
| FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014 | | 1364842 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

| | | |
|--|-----------------|------------|
| 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) | \$ | 0 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ | 0 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$ | -0- |

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from 1/1/14 through 6/30/14 | CALIFORNIA FORM 460 |
| Page _____ of _____ | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

I.D. NUMBER

1364842

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| Secretary of State Political Reform Division 1500 -11th Street Sacramento, CA 95814 | FIL | Administrative fee for processing of Form 410 to obtain Recipient Committee ID number | 50.00 |
| Harland Clarke, Co. c/o Yolo Federal Credit Union | OFC | Cost of printed business ledger checks for campaign | 94.02 |
| Grace Salvagno 1821 Arena Drive Davis, CA 95618 | OFC | Reimbursement for cardstock, envelopes, photocopies, oversized ledger, and miscellaneous supplies for meetings | 54.13 |

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

SUBTOTAL \$ 198.15

Schedule E Summary

| | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 4,897.35 |
| 2. Unitemized payments made this period of under \$100 | \$ -0- |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ -0- |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 4,897.35 |

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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|---------|----------------------------|----|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1-1-14 | Page | of |
| through | 6-30-14 | | |
| | | I.D. NUMBER | |
| | | 1364842 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| CDE Rubber Stamp Co. 13333 Bellevue Avenue Yuba City, CA 95991 | OFC | Rubber stamps for endorsement of checks to be deposited to Yolo FCU; "payable to" stamp | 28.00 |
| Sam Sellers 2329 I Street, Apt. A Sacramento, CA 95816 | PRT | Deposit on contract for design of campaign logo for use on stationery, envelopes, fliers, etc | 500.00 |
| Rik Keller 608 Adeline Place Davis, CA 95616 | LIT | Photography services and photos for use on campaign website, literature, fliers and print ads | 600.00 |
| Labels by the Sheet (online vendor) | FND | "I Donated" stickers for donors upon receipt of campaign contribution(s); additional order thereof | 95.74 |
| The People's Vanguard P. o. BOX 4715 Davis, CA 95617 | PRT | Newspaper advertisement, 5 mos @ \$100/ea | 500.00 |

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

SUBTOTAL \$ 1,819.48

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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/14 | |
| through | 6/30/14 | Page _____ of _____ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

I.D. NUMBER

1364842

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 |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| Shama Mesiwala 3249 Conquistador Drive Davis, CA 95618 | OFC | Reimburse for printing costs paid to J's Quality Printing for stationery and donor envelopes | 385.18 |
| Madhavi Sunder 1809 Arena Drive Davis, CA 95618 | PRT | Reimburse for printing costs paid to J's Quality Printing for campaign business cards | 135.63 |
| Sarah Heringer 1819 Redwood Lane Davis, CA 95616 | FND | Reimburse costs for decorations and balloons for use at Mesiwala kickraiser and other campaign marketing events | 154.05 |
| Ink Monkey 2500 -5th Street, Suite 100 Davis, CA 95616 | FND | T-shirts for campaign team and public sale as advertising and fundraising tool; reorder thereof | 686.66 |
| Sarah Heringer 1819 Redwood Lane Davis, CA 95618 | CMP | Reimburse deposit paid to Chamber of Commerce for candidate's tent at annual Celebrate Davis event | 75.00 |

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

SUBTOTAL \$ 1,436.52

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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|---------|----------------------------|----|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/14 | Page | of |
| through | 6/30/14 | | |
| | | I.D. NUMBER | |
| | | 1364842 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|--|-------------|
| Shama Mesiwala 3249 Conquistador Drive Davis, CA 95618 | OFC | Reimburse for printing costs paid to J's Quality Printing for stationery and donor envelopes | 385.18 |
| Madhavi Sunder 1809 Arena Drive Davis, CA 95616 | PRT | Reimburse for printing costs paid to J's Quality Printing for campaign business cards | 135.63 |
| Sarah Heringer 1819 Redwood Lane Davis, CA 95616 | FND | Reimburse costs paid for flowers, decorations, balloons, and childrens' beverages at Mesiwala kickraiser | 154.05 |
| Ink Monkey 2500 5th Street, Sulte 100 Davis, CA 95616 | FND | T-shirts for campaign team and public sale as advertising and fundraising tool; reorder of additional supply | 686.66 |
| Sarah Heringer 1819 Redwood Lane Davis, CA | CMP | Reimburse deposit paid to Chamber of Commerce for candidate's tent at annual Celebrate Davis event | 75.00 |

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

SUBTOTAL \$ 1,436.52

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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/14 | |
| through | 6/30/14 | Page _____ of _____ |
| I.D. NUMBER | | 1364842 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| Sarah Heringer 1819 Redwood Lane Davis, CA 95616 | CMP | Reimburse cost paid to Vista Print for small and large stickers for use at candidate's tent, Celebrate Davis! | 312.87 |
| Madhavi Sunder 1809 Arena Drive Davis, CA 95618 | CMP | Reimburse membership fee paid to Chamber of Commerce and insurance charge for Celebrate Davis! | 329.20 |
| Sarah Heringer 1819 Redwood Lane Davis, CA 95616 | CMP | Reimburse costs paid for bumper stickers and glow sticks to be distributed by candidate at Celebrate Davis! | 163.90 |
| Sam Sellers 2329 I Street, Apt. A Sacramento, CA 95816 | CMP | Reimburse cost paid to FedEx for Sunder campaign banner | 81.97 |
| Madhavi Sunder 1809 Arena Drive Davis, CA 95618 | CMP | Reimburse cost of second banner produced by FedEx to be used at all campaign events | 81.97 |

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

SUBTOTAL \$ 969.91

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

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|---------|----------------------------|----|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 1/1/14 | Page | of |
| through | 6/30/14 | | |
| | | I.D. NUMBER | |
| | | 1364842 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|--|-------------|
| Madhavi Sunder 1809 Arena Drive Davis, CA 95618 | FND | Reimburse costs for beverages and desserts for Birch Lane Parents' Coffee Klatch | 45.11 |
| Madhavi Sunder 1809 Arena Drive Davis, CA 95618 | FND | Reimburse costs of beverages and drinks for IAD (Indian Assn. of Davis) candidate event at home of Mohini Jain | 131.01 |
| Malia McCarthy 2902 Concord Ave Davis, CA 95616 | FND | Reimburse cost of food ingredients and decoration supplies for luncheon held for staff of UCD King law school | 166.88 |
| PayPal - online vendor San Jose, CA | FND | Fees charged for processing online campaign contributions | 130.29 |
| | | | |

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

SUBTOTAL \$ 473.29

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

| | | |
|---|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/14 | |
| through | 6/30/14 | Page _____ of _____ |
| NAME OF FILER | | I.D. NUMBER |
| FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014 | | 1364842 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|----------------|---|---|----------------------------|
| 4/30; 5/30;6/3 | Yolo Federal Credit Union 266 W. Main Street Woodland, CA 95695 | Monthly dividends paid on campaign checking balance (\$.02; \$.06; \$.08) | \$0.16 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0.16

Schedule I Summary

| | | |
|---|-----------------|-----|
| 1. Increases to cash of \$100 or more this period. | \$ | 0 |
| 2. Unitemized increases to cash under \$100 this period. | \$ | .16 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | .16 |

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

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/14</u> through <u>6/30/14</u> | CALIFORNIA FORM 460 |
| Page _____ of _____ | I.D. NUMBER 1364842 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FAMILIES FOR MADHAVI SUNDER FOR SCHOOL BOARD 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

* 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 |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

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