Recipient Committee Campaign Statement Cover Page				Date Stamp	CALIFORNIA 460
		Statement covers period from $\frac{10/18/2020}{}$	Date of election if applicable: (Month, Day, Year)	FEB 01 +2021	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2020</u>	11/03/2020	TOWN OF LOS ALTOS H	ILLS
1. Type of Recipient Committee: All Com	mittees – Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) ☐ General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	Q (A D P	rimarily Formed Ballot Measure ommittee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ fficeholder Committee Sco Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	nt 🗒 š t Termination)	uarterly Statement pecial Odd-Year Report
3. Committee Information		. NUMBER 130850	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO C			NAME OF TREASURER		
Jay Sutaria for LAH City Council 2020			Stanley Mok MAILING ADDRESS	<u></u>	
STREET ADDRESS (NO P.O. BOX)			CITY	STATE ZIF	CODE AREA CODE/PHONE
			Los Altos		4022
CITY STA	E ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
Los Altos Hills CA	94022		Jay Sutaria		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREE	T OR P.O. BOX		MAILING ADDRESS		
CITY STA	E ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIF	CODE AREA CODE/PHONE
Los Altos CA	94022		Los Altos Hills	CA 94	022
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDR	RESS	
I have used all reasonable diligence in preparing certify under penalty of perjury under the laws of					schedules is true and complete. I

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on _

Executed on _

FPPC Form 460 (Jan/2016))

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

COVER PAGE

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure Commi	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE		 	NAME OF BALLOT MEASURE			
Jay Sutaria						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTION	I	T SUPPORT
Los Altos Hills City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	CITY STATE	ZIP				
Los Altos Hills	CA	94022	Identify the controlling office	holder, candidate, or s	state measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPONE	NT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily formed to i	nmittees receive	OFFICE SOUGHT OR HELD		DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER	7	Primarily Formed Cand	idata/Officabalda	r Committee	
NAME OF TREASURER	CONTROLLED COMMIT	ITEE?	officeholder(s) or candidate(s)	for which this committe	ee is primarily forme	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	вох)		NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT DPPOSE
CITY STATE ZIP C		DE/PHONE	NAME OF OFFICEHOLDER OR O	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMIT		NAME OF OFFICEHOLDER OR C	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I		DE/PHONE	Attac	ch continuation sheets	s if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	from 10/18/2020	FORM 460
;EE INSTRUCTIONS ON REVERSE	through 12/31/2020	Page 3 of 8
IAME OF FILER		I.D. NUMBER
ay Sutaria for LAH City Council 2020		1430850

Contributions Received Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	**Example 1.00	**Column B CALENDAR YEAR TOTAL TO DATE **TOTAL TO DATE	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 i. Payments Made	-10,100.00 0.00 7123.85 \$\frac{2,458.80}{14927.32} 0.00 17123.85 \$\frac{262.27}	\$\frac{17964.68}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{17964.68}{0.00}\$ \$\frac{17964.68}{0.00}\$ \$\$\frac{17964.68}{0.00}\$ \$\$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,	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
7. LOAN GUARANTEES RECEIVED	\$ 0.00 \$ -271.68	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

ichedule A Ionetary Contributions Received			nts may be rounded whole dollars.	Statement cov from <u>10/18/2020</u>	ers period	california 460	
EE INSTRUCTI	IONS ON REVERSE			through <u>12/31/20</u>	20	Page	e 4 of 8
AME OF FILER Jay Sutaria fo	or LAH City Council 2020					I.D. N 14308	UMBER 50
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 T CALENDAR \() (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
1/20/2020	Jay Sutaria Los Altos Hills, CA 94022	☑ IND □ COM □ OTH □ PTY □ SCC	Facebook Lead Capacity Engineer	5,000.00	5,000.00		5,000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 5,000.00			
chedule	A Summary				*Cor	ntributor	Codes

. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$\frac{5,000.00}{2}\$. Amount received this period – unitemized monetary contributions of less than \$100\$ $\frac{99.00}{}$

. Total monetary contributions received this period.

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

www.fppc.ca.gov

Schedule B – Part 1	Amounts may be rounded to whole dollars.
oans Received	

	0011200220 1711() 1
Statement covers period from 10/18/2020	CALIFORNIA 460
through <u>12/31/2020</u>	Page <u>5</u> of <u>8</u>
	I.D. NUMBER
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through 12/31/2020 Page
I.D. N

ay Sutaria for LAH City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stanley Mok Los Altos Hills, CA 94022 ID 1430886	Mok Capital Management Investment Advisor	171.68	0.00	\$\frac{171.68}{\text{partial}}\$	\$\frac{0.00}{11/30/20}	O %	\$ 171.68 10/5/20	\$ 171.68 PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$ <u>0</u>	DATE INCURRED	\$ 171.68
Jay Sutaria Los Altos Hills, CA 94022	Facebook Lead Capacity Engineer			PAID \$ 0.00 FORGIVEN	ş <u>10,035</u>	0%	s 10,035	\$\frac{10,035}{} \text{PER ELECTION**}
□ IND □ COM □ OTH □ PTY □ SCC		\$ 35.00	\$	\$	DATE DUE	\$_00	10/02/20 DATE INCURRED	\$_10,035
				PAID	_			CALENDAR YEAR
				FORGIVEN	\$	RATE	\$	\$PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$	10,000.00	171.68	\$ 10,035.00	\$ 0		

Schedule B Summary

(May be a negative number)

†Contributor Codes

IND - Individual

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

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC – Small Contributor Committee

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

^{**} If required.

2-hadula E	A In	Amounte may be rounded			SCHEDULE			
Schedule E		Amounts may be rounded to whole dollars.			Statement covers perio	CALI	CALIFORNIA 460	
Payments Made					from 10/18/2020	F0	DRM TOO	
					through <u>12/31/2020</u>	D	6 8	
EE INSTRUCTIONS ON REVERSE IAME OF FILER					tirougii	Page .		
Jay Sutaria for LAH City Council 2020						14308	350	
CODES: If one of the following codes accurately describe	es the payment, y	ou may ent	er the code.	Otherwi	se, describe the paym	ent.		
MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)*	MBR member com MTG meetings and OFC office expens	munications I appearances		F	AD radio airtime and produ RFD returned contributions AL campaign workers' sali	uction costs		
Covic donations IL candidate filing/ballot fees	PET petition circul PHO phone banks	ating		Т	EL t.v. or cable airtime and RC candidate travel, lodging	d production cos	ts	
ND fundraising events ND independent expenditure supporting/opposing others (explain)*		urvey research		Т	RS staff/spouse travel, lod SF transfer between comm	laing, and meals		
EG legal defense IT campaign literature and mailings	PRO professional			V	OT voter registration		•	
.ii campaign merature and mainings	PRT print ads			V	VEB information technology	costs (internet,	e-maii)	
NAME AND ADDRESS OF PAYEE		CODE O	9	DESCRI	PTION OF PAYMENT		AMOUNT PAID	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				DESCRI			AWOUNT PAID	
Los Altos Town Crier	:	LIT					100.00	
Los Altos, CA 94022								
		CNIC					700.00	
Public Good PR		CNS					500.00	
Corvallis, OR 97330								
Rally Campaigns		LIT					4,914.79	
Los Angeles, CA 90025-6932								
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL	\$ 5514.79	
Schedule E Summary								
. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$ _	17068.34	
Unitemized payments made this period of under \$100						\$	55.51	

Schedule E Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE IAME OF FILER Jay Sutaria for LAH City Council 2020	Amounts may be to whole do			from	tatement covers period 10/18/2020 ugh 12/31/2020		7 of _8
CODES: If one of the following codes accurately describes IMP campaign paraphernalia/misc. INS campaign consultants contribution (explain nonmonetary)* INS campaign consultants contribution (explain nonmonetary)* INS campaign consultants INS campaign consultants IND candidate filing/ballot fees IND fundraising events independent expenditure supporting/opposing others (explain)* INS campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su	munications I appearances es ating urvey research very and mes	n senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and p candidate travel, lodging staff/spouse travel, lodging transfer between commit	nt. tion costs ties production costs , and meals ng, and meals ttees of the sam	s e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (R	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
Rally Campaigns Los Angeles, CA 90025-6932		CNS					6,500.00
Rally Campaigns		CNS					3,500.00

Los Angeles, CA 90025-6932

Rally Campaigns
Los Angeles, CA 90025-6932

Rally Campaigns
LIT

1,453.55

Los Angeles, CA 90025-6932

Key U Studios
San Jose, CA 95128

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

SUBTOTAL \$ 11,553.55

Schedule	F		
\ccrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/18/2020	CALIFORNIA 460
through <u>12/31/2020</u>	Page _8 of _8
	I.D. NUMBER
	1430850

SEE INSTRUCTIONS ON REVERSE

IAME OF FILER

ay Sutaria for LAH Council 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. :MP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs :NS campaign consultants MTG meetings and appearances RFD returned contributions TB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries :VC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals ND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor EG legal defense PRO professional services (legal, accounting) VOT voter registration

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Rally Campaigns , Emeryville, CA 94608	CNS	10,000.00	6,368.34	16,368.34	0.00
Key U Studios, San Jose, CA 95128	WEB	100.00	0	100.00	0.00
Payments that are contributions or independent expenditures must also be ummarized on Schedule D.	SUBTOTALS	10100.00	\$ 6368.34	16468.34	\$ 0

3chedule F Summary

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

..... NET \$ -10100.00

May be a negative number

FPPC Form 460 (Jan/2016))