

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT - 6 2014 City Clerk's Office City of Menlo Park	CALIFORNIA FORM 460 Page <u>1</u> of <u>11</u> For Official Use Only
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Statement covers period from <u>01/01/2014</u> through <u>09/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1369592

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Kristin Duriseti For City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Menlo Park CA 94025

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Duriseti

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Menlo Park CA 94025

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/5/2014
Date

By Kristin Duriseti
Signature of Treasurer or Assistant Treasurer

Executed on 10/5/2014
Date

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

Executed on _____
Date

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

Executed on _____
Date

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 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kristin Duriseti

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Menlo Park City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Menlo Park, CA 94025

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<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>01/01/2014</u>	CALIFORNIA FORM 460
through <u>09/30/2014</u>	
Page <u>3</u> of <u>11</u>	
I.D. NUMBER 1369592	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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>4,918.00</u>	\$ <u>4,918.00</u>
2. Loans Received Schedule B, Line 3	<u>4,000.00</u>	<u>4,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>8,918.00</u>	\$ <u>8,918.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>50.00</u>	<u>50.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>8,968.00</u>	\$ <u>8,968.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>4,975.30</u>	\$ <u>4,975.30</u>
7. Loans Made Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4,975.30</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment Schedule C, Line 3	<u>50.00</u>	_____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5025.30</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>8,918.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	<u>4,975.30</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,942.70</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).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>4000.00</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>01/01/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>11</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristin DurisetiFor City Council

I.D. NUMBER
1369592

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 Attachment 1 (page of)	<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 – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>4,894.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>24.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	<u>4,918.00</u>

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

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>01/01/2014</u> through <u>09/30/2014</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>11</u>
NAME OF FILER Kristin Duriseti For City Council		I.D. NUMBER 1369592

SEE INSTRUCTIONS ON REVERSE

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
Kristin Duriseti Menlo Park, CA 94025 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Editor, Stanford University	\$ 0.00	\$ 4,000.00	<input type="checkbox"/> PAID \$ 0.00 <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		\$	\$	\$	\$			

Schedule B Summary

1. Loans received this period \$ 4,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(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 \$** 4,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

† 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

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>09/30/2014</u>	
Page <u>6</u> of <u>11</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kristin Duriseti For City Council	I.D. NUMBER 1369592
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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)
8/21/2014	Irene Searles Photography Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irene Searles, Photographer, Irene Searles Photography	Donation of 1 hour for taking Photos	50.00		
		<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					
<i>Attach additional information on appropriately labeled continuation sheets.</i>					SUBTOTAL \$	50.00	

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 50.00
- 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 \$** 50.00

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

**Schedule E
Payments Made**

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

SCHEDULEE

Statement covers period from <u>01/01/2014</u>	CALIFORNIA FORM 460
through <u>09/30/2014</u>	
Page <u>7</u> of <u>11</u>	
I.D. NUMBER 1369592	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kristin Duriseti For City Council

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
See Attachment 2 (p of) for Schedule E details			

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4,975.30</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>4,975.30</u>

Kristin Duriseti Campaign 01/01/2014 to 09/30/2014, Schedule A Attachment

Date Received	First Name	Last Name	Address	City, State Zip	Code	Employer	Occupation	Amount Received this Period
16-Sep	Jack	Morris		Menlo Park, CA, 94025	IND	n/a	Retired	75.00
17-Sep	Kelly	Ferguson		Menlo Park, CA, 94025	IND	SELF	Civil Engineer	100.00
15-Sep	James	Masterson		Menlo Park, CA, 94025	IND	Palo Alto V.A	M.D	50.00
14-Sep	Brielle	Johnck		Menlo Park, CA, 94025	IND	n/a	Retired	50.00
8-Sep	Steve	Schmidt		Menlo Park, CA, 94025	IND	n/a	Retired	50.00
14-Sep	Joseph	Carcione		Menlo Park, CA, 94025	IND	SELF	Real estate agent	100.00
14-Sep	Mary	Kenney		Menlo Park, CA, 94025	IND	SELF	Domestic Manager	100.00
14-Sep	Kathleen	Armel		Los Altos Hills, CA 94022	IND	Stanford	Researcher	100.00
14-Sep	Joanna	Mountain		Menlo Park, CA, 94025	IND	23andMe	Scientist	250.00
14-Sep	James	Madison		Menlo Park, CA, 94025	IND	SELF	Lawyer	250.00
10-Sep	Victoria	Tregoning		Menlo Park, CA, 94025	IND	SELF	Therapist	50.00
9-Sep	John	Fox		Menlo Park, CA, 94025	IND	Stanford	Physicist	75.00
9-Sep	Susan	Lewis		Menlo Park, CA, 94025	IND	n/a	Retired	50.00
7-Sep	Diane Patricia	Hart		Menlo Park, CA, 94025	IND	n/a	Retired	100.00
9-Sep	Amy	Klein		Menlo Park, CA, 94025	IND	n/a	Retired	100.00
8-Sep	Scott	Marshall		Menlo Park, CA, 94025	IND	Marshall Construction	General Contractor	100.00
8-Sep	George	Fisher		Menlo Park, CA, 94025	IND	SELF	Attorney	250.00
15-Sep	Catherine	Wilson		Menlo Park, CA, 94025	IND	Frank Piro, MD	R.N	250.00
13-Sep	Margaret	Spak		Menlo Park, CA, 94025	IND	SELF	Management Consultant	50.00
18-Sep	James	Steck		Menlo Park, CA, 94025	IND	Kaiser	Physician	40.00
22-Sep	Allen	Weiner		Menlo Park, CA, 94025	IND	Stanford University	Professor	100.00
22-Sep	Elza	Keet		Menlo Park, CA, 94025	IND	n/a	Retired	100.00
22-Sep	Kathryn	Henkens		Menlo Park, CA, 94025	IND	n/a	Retired	250.00
30-Sep	Charlie	Bourne		Menlo Park, CA, 94025	IND	n/a	Retired	200.00
30-Sep	Dan	Finlay		Menlo Park, CA, 94025	IND	SELF	General Contractor	50.00
30-Sep	Mitchel	Slomiak		Menlo Park, CA, 94025	IND	SELF	Consulting CFO	99.00
19-Aug	Heyward	Robinson		Menlo Park, CA, 94025	IND	SRI	Scientist	250.00
30-Sep	Barbara	Kitchen		Menlo Park, CA, 94025	IND	n/a	Retired	50.00
20-Aug	paul	Kuntz		Sequim, WA 98382	IND	Boeing	Engineer	100.00
26-Aug	Andrew	Combs		Menlo Park, CA, 94025	IND	SELF	Journalist	100.00

Column1	Column2	Column3	Column4	Column5
date	recipient	vendor address	Code or Description	amount
8/19/2014	Fedex office	1194 El Camino Real, Menlo Park, CA94025	Printing	\$25.72
8/20/2014	USPS	655 Oak Grove Ave, Menlo Park, CA 94025	PO BOX	\$44.00
8/21/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$59.59
8/29/2014	Secretary of state	1500 11th Street. Sacramento, CA 95814	Filing fee	\$50.00
8/21/2014	Irene Searles Photography	Menlo Park, CA 94025	Photographies	\$450.00
9/1/2014	Nation Builder	448 S. Hill St. Suite 200, Los Angeles, CA 90013	Web Site	\$19.00
9/1/2014	Fedex office	655 Oak Grove Ave, Menlo Park, CA 94025	Printing	\$38.70
9/4/2014	Google	1600 Amphitheatre Parkway Mountain View, CA 94043	Domain name for website	\$12.00
9/4/2014	Copymat	1918 El Camino Real, Redwood City, CA 94063	Printing	\$309.56
9/3/2014	Menlo Press	651 Oak Grove, Menlo Park, CA 94025	Envelopes	\$381.50
9/9/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$0.65
9/6/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$451.19
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/6/2014	USPS	2085 E Bayshore, Palo Alto, CA 94303	Postage	\$24.50
9/7/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$64.32
9/9/2014	COGS (Fred Hummel)	2401 East Orangeburg Ave, Suite 675, Modesto, CA 95355	Signs	\$1,635.47
9/9/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$66.65
9/15/2014	Staples	700 El Camino Real #120, Menlo Park, CA 94025	Supplies	\$19.19
9/11/2014	Copy Factory Palo Alto	3929 El Camino Real, Palo Alto, CA 94306	Printing	\$114.19
9/15/2014	Walgreens	643 Santa Cruz, Menlo Park, CA 94025	Supplies	\$13.05
9/16/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$93.89
9/18/2014	Copy Factory Palo Alto	3929 El Camino Real, Palo Alto, CA 94306	Printing	\$116.91
9/18/2014	USPS	655 Oak Grove Ave, Menlo Park, CA 94025	Postage	\$19.60
9/22/2014	Sierra Club	3921 E Bayshore Rd, Ste 204, Palo Alto, CA 94303	labels	\$27.15
9/22/2014	Copy Factory Palo Alto	3929 El Camino Real, Palo Alto, CA 94306	Printing	\$108.75
9/22/2014	Safeway	Middle Avenue, Menlo Park, CA 94025	Food	\$23.96
9/24/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$131.19
9/26/2014	Copy Factory Palo Alto	3929 El Camino Real, Palo Alto, CA 94306	Printing	\$108.75
9/29/2014	Copy Factory Palo Alto	3929 El Camino Real, Palo Alto, CA 94306	Printing	\$144.09

11/11

Kristin Duraseti for City Council for 01 /01/2014 through 09/30/2014 -- Schedule E Attachment					Page ²⁷² of 11
date	recipient	vendor address	Code or Description	amount	
9/30/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$162.06	
9/30/2014	Fedex office	1194 El Camino Real, Menlo Park, CA 94025	Printing	\$19.35	
9/9/2014	Evite	8800 W Sunset Blvd, West Hollywood, CA, 90069	Evite Debit Error	\$70.00	
9/30/2014	Paypal Fees	2211 North First Street San Jose, CA, 95131	Online Payment Fees	\$47.82	
			TOTAL	4,975.30	