

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/27/13
through 10/19/13

Date of election if applicable:
(Month, Day, Year)
11/5/2013

Date Stamp
RECEIVED
OCT 24 2013
Town of Atherton

CALIFORNIA
FORM
460
Page 1 of 8
For Official Use Only

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 6)*
- Primarily Formed Ballot Measure Committee
- (Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

Diane Savitta for Atherton Town Council 2013

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

Diane Savitta

MAILING ADDRESS

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Atherton, Ca 94027

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/24/13 Date
Executed on 10/24/13 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] 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.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Diane Sanyka

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
14 Alameda Avenue, Atherton, Ca 94027

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	
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	
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.

Statement covers period
from 9/22/13
through 10/19/13

CALIFORNIA
FORM **460**
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Diane SANDHU FOR ATTENTION TOWN Council 1 2013

I.D. NUMBER
46-3658451

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1550-	\$ 1550-
2. Loans Received	Schedule B, Line 3 \$ 4100-	\$ 4100-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1550-	\$ 1550-
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0-	\$ 0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5650	\$ 5650

**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 \$ 5650

21. Expenditures Made \$ 3957.21

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3957.21	\$ 3957.21
7. Loans Made	Schedule H, Line 3 \$ 0-	\$ 0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3957.21	\$ 3957.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0-	\$ 0-
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0-	\$ 0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3957.21	\$ 3957.21

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy) 11/5/13 Total to Date \$ 3957.21

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3100-	\$ 3100-
13. Cash Receipts	Column A, Line 3 above \$ 0-	\$ 0-
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 1550-	\$ 1550-
15. Cash Payments	Column A, Line 8 above \$ 3957.21	\$ 3957.21
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4100-	\$ 4100-

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).

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 4100-	\$ 4100-
18. Cash Equivalents	See instructions on reverse \$ -	\$ -
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 4100-	\$ 4100-

**Schedule E
Payments Made**

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

SCHEDULE E
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/27/13
through 10/19/13

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NAME OF FILER Diane Sawyer for Atherton Town Council 2013

I.D. NUMBER
46-3658951

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 | FET | 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 | PRF | 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
Federal Express/Kinkos 1194 El Camino Real, Menlo Park, Ca 94025	LIT		Flyers	128.62
Signs on the cheep, 1155D Stone Hollow Drive, Suite 160, Austin Texas 78758	EMP		Yard signs	307.38
Speedpro Imaging, 969 Industrial Rd, Suite J, San Carlos Ca 94070	EMP		Signs	261.60
SUBTOTAL \$ 697.61				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3951.21
- Unitemized payments made this period of under \$100 \$ 0-
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3951.21

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Diane Sawyer For Atherton Town Council 2013

Statement covers period
from 9/27/13
through 10/19/13

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SCHEDULE E

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Colorprint 1576 Gilbreth Rd, Bardinghame Ca 94010</i>	<i>LIT</i>		<i>Flyers</i>	<i>1086.03</i>
<i>USPS 3875 BOHANNON DRIVE MERRID PARK, Ca. 94026</i>	<i>POS</i>		<i>Postage for Flyers</i>	<i>477.57</i>
<i>Ascend Graphics 809 F Street, Petaluma Ca 94952</i>	<i>EMP</i>		<i>website</i>	<i>1085-</i>
SUBTOTAL \$				<i>2648.60</i>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals) \$ *3957.21*
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 \$** *3957.21*

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

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

Statement covers period
from 9/22/13
through 10/19/13

CALIFORNIA
FORM **460**

I.D. NUMBER
46-3658457

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

DIANE SANDERS FOR ATTENTION TOWN COUNCIL 2013

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CYC contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CSL Graphics 1100 Elm Street, San Carlos Ca 94070	CMP		Yard signs	\$ 100.-
Mypromo Designs [REDACTED]	emp		website	\$ 255.-
Penelope Valley, Ca 94028				
USULA WOODMAN	OFC			\$ 50.-
Redwood City, Ca				
Randi Vrnibe	OFC			\$ 100.-
Syracuse, Ca				
NATALIA PAVLINE	OFC			\$ 100.-
SARJOE, Ca				

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

SUBTOTAL \$ 605

Schedule A
Monetary Contributions Received

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

Statement covers period
from 9/22/13
through 10/19/13

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Diane Sandens for Atherton Town Council 2013 I.D. NUMBER: 46-3658451

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)
10/2/13	SANDY CLIFHEMSEN Atherton, Ca 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive	300-	300-	300-
10/2/13	JOAN SANDENS Atherton, Ca 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200-	200-	200-
9/22/13	Bill Taylor Atherton, Ca 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Product Manager ESQ Business services	50-	50-	50
10/2/13	JDE HARRIS Leno, Nevada	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager ESQ Business services	1000-	1000-	1000-
SUBTOTAL \$				1550-		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1550-
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1550-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1550-

*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 4/29/13
through 10/19/13

SCHEDULE B - PART 1
CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Diane Savdka FOR Atherton Town Council 2013

I.D. NUMBER
46-3658451

Lender FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR DATE INCURRED	CALENDAR YEAR DATE INCURRED	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR PER ELECTION**
				PAID	FORGIVEN							
<i>Diane Savdka 14 Alameda Avenue Atherton, Ca. 94027</i>	<i>CEO</i>	<i>\$ 3100-</i>	<i>\$ 1000-</i>	<input type="checkbox"/> PAID <i>0-</i>	<input type="checkbox"/> FORGIVEN <i>0-</i>	<i>\$ 400-</i>	<i>0 %</i>	<i>\$ 3100-</i>	<i>2016</i>	<i>2016</i>	<i>\$ 400-</i>	<i>\$ 4100-</i>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC												
SUBTOTALS \$												

Schedule B Summary

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

- Loans received this period \$ 1000-
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 1000-
Enter the net here and on the Summary Page, Column A, Line 2.

†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.