

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 July 1, 2014
through Sept. 30, 2014

Date of election if applicable:
(Month, Day, Year)
Nov. 4, 2014

Date Stamp
RECEIVED
OCT - 6 2014
Town of Atherton

CALIFORNIA
FORM
460
Page 1 of 2
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
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 5)
- Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Sent-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)
Elect ROSE HAU Atherton Council 2014

I.D. NUMBER
309029

Treasurer(s)

NAME OF TREASURER
ROSE HAU

MAILING ADDRESS
Mr.

STREET ADDRESS (AND P.O. BOX)
Atherton, STATE CA 94027

CITY Atherton, STATE CA ZIP CODE 94027 AREA CODE/PHONE 650-325-6840

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

NAME OF ASSISTANT TREASURER IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-4-14 Date
Executed on 10-4-14 Date

Executed on _____ Date
Executed on _____ Date

BY [Signature] Signature of Treasurer or Assistant Treasurer
BY [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

BY _____ Signature of Controlling Officer/Candidate, State Measure Proponent
BY _____ Signature of Controlling Officer/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
ROSE HAU

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
8 Shearer Dr. 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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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		<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 SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER **Elect ROSE FAU Atherton Council 2014**

STATEMENT PERIOD
 from July 1, 2014 through Sept. 30, 2014

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19389299

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 16247	16247
2. Loans Received	Schedule B, Line 3 3266	3266
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 19513	19513
4. Nonmonetary Contributions	Schedule C, Line 3 0000	00000
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 19513	19513

Expenditures Made

6. Payments Made	Schedule E, Line 4 6837	6837
7. Loans Made	Schedule H, Line 3 0000	0000
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 6837	6837
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 000	0000
10. Nonmonetary Adjustment	Schedule G, Line 3 000	0000
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 6837	6837

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 0000	
13. Cash Receipts	Column A, Line 3 above 19513	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0000	
15. Cash Payments	Column A, Line 8 above 6837	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 12676	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0000	
18. Cash Equivalents	See instructions on reverse 0000	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 3266	

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

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

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
--	----------	--------------------------------	---------------

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).

Schedule A Monetary Contributions Received

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

Statement covers period
from July 1, 2014
through Sept. 30 2014

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ELECT ROSE HAU Atherton, Council 2014

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I.D. NUMBER
1369629

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	See attached pages for listing of contributors	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						
15940						

*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 A Summary**
- Amount received this period - Itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15340
 - Amount received this period - Unitemized monetary contributions of less than \$100 \$ 907
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16247

ELECT ROSE HAU ATHERTON COUNCIL 2014, ID #1369629. CALIF. FORM 460, SCHED A
 CONTRIBUTION \$100 OR MORE, JULY 1, 2014 THRU SEPT.30, 2014

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NAME	ADDRESS	CLASS	EMPL.	CO.	AMOUNT
ROSE HAU	[REDACTED] ATHERTON, CA 94027	IND	CANDIDATE	----	150,840, 1010,
					TOTAL CONTRIBUTION, 2000 (LOANED ADDITIONAL 3266)
M.E. OSTER	[REDACTED] ATHERTON, CA. 94027	IND	HOME	---	200
S.R. HALL. III	[REDACTED] ATHERTON, CA 94027	IND	RET.	---	250
PAUL HAU	[REDACTED] LOS ALTOS, CA. 94022	IND	RET	---	990
A.J. RINGHAM	[REDACTED] ATHERTON, CA. 94027	IND	RET	---	100
M.M. ACKLEY	[REDACTED] ATHERTON, CA. 94027	IND	HOME	---	1000
M.R. BELTRAMO	[REDACTED] LAGO, ATHERTON, CA. 94027	IND	HOME	---	100
DR. F. ST. GOAR	[REDACTED] ATHERTON, CA. 94027	IND	M.D.	ADVANCED CARDIO	250
D.L. DENNISTON	[REDACTED] ATHERTON, CA. 94027	IND	HOME	----	1000
M.J. WALTERS	[REDACTED] ATHERTON, CA, 94027	IND	HOME	----	100
R. HELLMAN	[REDACTED] ATHERTON, CA. 94027	IND	RET	---	500
J. LEWIS	[REDACTED] ATHERTON, CA. 04027	IND	RET	-----	400
L. LIEBES	[REDACTED] ATHERTON, CA. 94027	IND	HOME	---	100
R. ROESER	[REDACTED] ATHERTON, CA. 94027	IND	RET	---	100
J.M. LU	[REDACTED] SUNNYVALE, CA. 94086	IND	SELF	PART OWN HUNAN HOME RESTR.	1000
M/ ROSATI	[REDACTED] ATHERTON, CA. 94027	IIND	ATTY	WILSO, SANSONE, GOODWIN,, ROSATI	200
JANE HALL	[REDACTED] ATHERTON, CA. 94027	IND	HOME	---	250,500

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ELECT ROSE HAU ATHERTON COUNCIL 2014, CALIF. FORM 460 SCHED A
 CONTRIBUTION \$100 OR OVER , JULY 1, 2014 THRU SEPT 30, 2014 PG 2

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K. WIGGANS	[REDACTED] IND	HOME ---	500
	ATHERTON. CA. 94027		
J. DINAPOLI	[REDACTED]	ATTY DINAPOLI & SIBLEY	500
	LOS GATOS, CA. 950		
SUSAN CHAN	[REDACTED] IND	HOME ---	1000-
	FREMONT, CA. 94539		
V. GARDNER	[REDACTED] IND	HOME ----	100
	ATHERTON, CA. 94027		
MICHELLE HU	[REDACTED] IND	INVESTMT FIRST ALLIED	1000
	ATHERTON, CA. 94027	ADVISOR SECURITIES	
MARIA CHIOSSI	[REDACTED] IND	HOME ----	250
	ATHERTON, CA. 94027		
JOYCE HSU	[REDACTED] IND	RET ---	1000
	ATHERTON, CA. 94027		
P. RYDBERG	[REDACTED] IND	RET ---	250
	ATHERTON, CA. 94027		
JACK WU	[REDACTED] IND	GROWER HALF MOON	1000
	CREEK RD,	BAY FARM	
	HALF MOON BAY, CA. 94019		
GLORIA TAM	[REDACTED] IND	SELF COSULT	250
	ATHERTON, CA. 94027		
GRACE YANG	[REDACTED] IIND	HOME ----	250
	ATHERTON, CA. 94027		
FOB COLWELL	[REDACTED]. IND	RET ----	200
	LOS ALTOS HILLS, CA		
	94024		

PAGE 2 SUB TOTAL 6300

TOTAL , CONTRIBUTIONS \$100 OR MORE	\$15340
TOTAL CONTRIBUTIONS LESS THAN \$100	907
GRAND TOTAL ALL CONTRIBUTIONS, THIS PERIOD	16247

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from July 1, 2014
through Sept 30, 2014

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I.D. NUMBER 2432929 1369629

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER **ELECT ROSE HAU Atherton Council 2014**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID 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
Rose Hau 8 Shearer Dr. Atherton, Ca. 94027	Candidate	000	3266	<input type="checkbox"/> PAID \$ 0000 <input type="checkbox"/> FORGIVEN	\$ 3266	0000 %	\$ 3266	\$ 5266 PERELECTION**
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 PERELECTION**
SUBTOTALS		\$ 3266	\$ 000	\$ 3266	\$ 000			

Schedule B Summary

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

- Loans received this period \$ 3266
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0000
(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 \$** 3266
Enter the net here and on the Summary Page, Column A, Line 2.
(Also use a negative number)

Contributor Codes
IND - Individual
COM - Reipient Committee
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 E
Payments Made**

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

Statement covers period
from July 1, 2014
through Sept. 30 2014

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LD. NUMBER
1369629

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Elect ROSE HAU Atherton Council 2014

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

- CAP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CV/C civic donations
- FL candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached page for Payee Listing				

SUBTOTAL \$				6724

Schedule E Summary

- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
1. Itemized payments made this period. (Include all Schedule E subtotals) \$ 6724
 2. Unitemized payments made this period of under \$100 \$ 119
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 000
 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6837

ELECT ROSE HAU ATHERTON COUNCIL 2014, ID# 1369629, CALIF. FORM 460 SCHED. E

EXPENDITURE \$100 OR OVER , JULY 1, 2014 THRU SEPT.30, 2014 PG #

9089

NAME AND ADDRESS OF PAYEE	CODE	DESCRIPTION	AMOUNT \$
TOWN OF ATHERTON 91 ASHFIELD RD. QATHERTON,, CA. 94027	FIL	FILING FEE	400
ELECTION OFFICER, SAN MATEO CNT TOWER RD. SAN MATEO, CA.	CMP	VOTER LIST	125
CRAFTSMEN PRINTING 6660 VIA DEL ORO, SAN JOSEM CA. 95119	LIT POS	LETTERS USPS	3322 816
WILMES COMPANY, INC 5978 MISSION ST SAN FRANCISCO, CA.94112	CMP	SIGNS	821
LAURANCE J. SEIBERT 16340 JACKSON OAKS DR. MORGAN HILL CA., 95037	CNS	WB SITE	490
EMBARCADERO MEDIA 450 CAMBRIDGE AVE. PALO ALTO, CA.	CMP	ADVET	750
TOTAL EXPENDITURES \$100 OR MORE THIS PERIOD			\$6724
TOTAL EXPENSE UNDER \$100 =			113
TOTAL SCHED E EXPENDITURE			6837