

Recipient Committee Campaign Statement Cover Page

Date Stamp	RECEIVED OCT 22 2015	CALIFORNIA FORM 460
		Page 1 of 14
		For Official Use Only

Statement covers period	Date of Election if applicable
from 09/20/2015	11/03/2015
through 10/17/2015	(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1377212

COMMITTEE NAME
Nirmala Bandrapalli for City Council 2015

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Russell Miller

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Kirk Alan Pessner

STREET 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 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 10/20/15

By Russell H. Miller
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/20/15

By Nirmala Bandrapalli
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period	Page 2 of 14
from 09/20/2015	
through 10/17/2015	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Nirmala Bandrapalli

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

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

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 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 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 OR 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

**Campaign Disclosure Statement
Summary Page**

Statement covers period from <u>09/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Nirmala Bandrapalli for City Council 2015</u>	I.D. NUMBER <u>1377212</u>
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	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ 1,410.92	\$ 8,881.25
2. Loans Received <i>Schedule B, Line 3</i>	0.00	9,000.00
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1+2</i>	\$ 1,410.92	\$ 17,881.25
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	1,184.14	1,810.72
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3+4</i>	\$ 2,595.06	\$ 19,691.97

**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		
6. Payments Made <i>Schedule E, Line 4</i>	\$ 10,204.50	\$ 14,230.50
7. Loans Made <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6+7</i>	\$ 10,204.50	\$ 14,230.50
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	-2,822.01	254.11
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	1,184.14	1,810.72
11. TOTAL EXPENDITURES MADE <i>Add Lines 8+9+10</i>	\$ 8,566.63	\$ 16,295.33

**Expenditure Limit Summary
for State Candidates**

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

_____	\$ _____
_____	\$ _____

Current Cash Statement	
12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ 12,445.48
13. Cash Receipts <i>Column A, Line 3 above</i>	1,410.92
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	0.00
15. Cash Payments <i>Column A, Line 8 above</i>	10,204.50
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 3,651.90
17. LOAN GUARANTEES RECEIVED. <i>Schedule B, Part 2</i>	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. <i>Add Lines 2 + Line 9 in Column B above</i>	\$ 9,254.11

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

**Schedule A
Monetary Contributions Received**

Statement covers period from <u>09/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Nirmala Bandrapalli for City Council 2015

I.D. NUMBER
1377212

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Lakshman Chinnakotla [REDACTED]	IND	Engineer Skytide	-66.08 Contribution returned	583.92	583 (G15)
10/16/2015	Lakshman Chinnakotla [REDACTED]	IND	Engineer Skytide	150.00	583.92	583 (G15)
10/16/2015	Raghu Chinnakotla [REDACTED]	IND	Financial Analyst Agilent Technologies	40.00	290.00	290 (G15)
10/16/2015	Cynthia Cornell [REDACTED]	IND	Litigation Secretary Cooley Godward Kornish LLP	50.00	150.00	150 (G15)

SUBTOTAL \$ 173.92

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	874.92
2. Amount received this period - unitemized	\$	536.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	1,410.92

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 5 of 14

NAME OF FILER Nirmala Bandrapalli for City Council 2015

I.D. NUMBER
1377212

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/06/2015	S Franchi 	IND	Lawyer S. Franchi	201.00	201.00	201 (G15)
10/05/2015	Mary Grayson Thibaut 	IND	VP Finance & Operations Ruby Ribbon Inc	100.00	100.00	100 (G15)
10/02/2015	Roger Heighton 	IND	Insurance Agent Heighton Insurance Agency	100.00	100.00	100 (G15)
09/25/2015	Jagath Reddy Junutula 	IND	Vice President Cellerant Therapeutics	100.00	100.00	100 (G15)

SUBTOTAL \$ 501.00

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period from <u>09/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Nirmala Bandrapalli for City Council 2015

I.D. NUMBER
1377212

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Renuka Pullat 	IND	Producer Miss India America	100.00	100.00	100 (G15)
10/16/2015	Komali Suddam 	IND	Software Engineer HP	100.00	100.00	100 (G15)

SUBTOTAL \$ 200.00 

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

**Schedule B - Part 1
Loans Received**

Statement covers period from <u>09/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER <u>Nirmala Bandrapalli for City Council 2015</u>	I.D. NUMBER <u>1377212</u>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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
Nirmala Bandrapalli 	Planning Commission City of Burlingame	9,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	9000.00	0.00	9,000.00	CALENDAR YEAR 9,005 PER ELECTION ** 9,005 (G15)
Contributor Code: IND					DUE DATE 11/15/2015	INTEREST RATE 0.00 %	DATE INCURRED 09/17/2015	

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 9,000.00	(e) 0.00	
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period \$ 0.00
(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 \$** 0.00
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
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Statement covers period from <u>09/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER Nirmala Bandrapalli For City Council 2015

I.D. NUMBER
1377212

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2015	Soni Arora 	IND	Owner Roti Indian Bistro	Food for Event	250.00	250.00	250 (G15)
10/02/2015	Burlingame Advocates for Renters Protection 	OTH		Postcard	335.14	335.14	335 (G15)
10/16/2015	Aruna Chinnakotla 	IND	Doctor Kasier	Instructor for Bollywood Aerobics Class	300.00	300.00	300 (G15)
10/04/2015	Miller & Olson LLP 	OTH		Legal and Accounting Services	250.00	250.00	250 (G15)

SUBTOTAL \$ 1,135.14

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$ 1,184.14
2. Amount received this period - unitemized	\$ 0.00
3. 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 \$ 1,184.14

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

**Schedule C (Continued)
Nonmonetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 9 of 14

NAME OF FILER Nirmala Bandrapalli for City Council 2015	I.D. NUMBER 1377212
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2015	Cristina Valadez 	IND	Attorney VISA Inc	Postage	49.00	549.00	549 (G15)

SUBTOTAL \$ 49.00

** Contributor Codes: IND - Individual COM - Recipient Committee OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 10 of 14
NAME OF FILER Nirmala Bandrapalli for City Council 2015		I.D. NUMBER 1377212

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
CITI Card Processing Center 		See Schedule G for payees reaching disclosure threshold.	979.55
ColorPrint 	LIT		1,496.57
ColorPrint 	LIT		3,300.26
SUBTOTAL \$			5,776.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,123.58
2. Unitemized payments made this period of under \$100	\$ 80.92
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 10,204.50

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

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 11 of 14
NAME OF FILER Nirmala Bandrapalli for City Council 2015		I.D. NUMBER 1377212

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yvonne Leong Wun [REDACTED]		Graphics	100.00
Yvonne Leong Wun [REDACTED]		Graphics	600.00
Miller & Olson LLP [REDACTED]	PRO		594.87
United States Postal Service [REDACTED]	POS		2,281.42
United States Postal Service [REDACTED]	POS		770.91

SUBTOTAL \$ 4,347.20

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 12 of 14
NAME OF FILER Nirmala Bandrapalli for City Council 2015		I.D. NUMBER 1377212

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CITI Card Processing Center [REDACTED]	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	979.55	254.11	979.55	254.11
ColorPrint [REDACTED]	See Schedule E for codes or descriptions.	1,496.57	0.00	1,496.57	0.00
SUBTOTALS \$		2,476.12	\$ 254.11	\$ 2,476.12	\$ 254.11

Schedule 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 \$** 254.11
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 3,076.12
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** -2,822.01

**Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 13 of 14
NAME OF FILER Nirmala Bandrapalli for City Council 2015		I.D. NUMBER 1377212

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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 CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Yvonne Leong Wun 	See Schedule E for codes or descriptions.	600.00	0.00	600.00	0.00

SUBTOTALS \$ 600.00 \$ 0.00 \$ 600.00 \$ 0.00

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

Statement covers period		CALIFORNIA FORM 460
from	09/20/2015	
through	10/17/2015	Page 14 of 14

NAME OF FILER Nirmala Bandrapalli for City Council 2015

I.D. NUMBER
1377212

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CITI Card

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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 re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTON OF PAYMENT	AMOUNT PAID
Plasti-Print 	LIT		50.00
Plasti-Print 	LIT		80.00

TOTAL \$ 130.00