1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   City of Monte Sereno
   Division, Board, Department, District, if applicable
   City Council
   Your Position
   Candidate
   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: ____________________________
   Position: __________________________

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County __________________________
   □ City of Monte Sereno
   □ County of __________________________
   □ Other __________________________

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2019, through
   December 31, 2019,
   -or-
   The period covered is ______/_____/______, through
   December 31, 2019.
   □ Assuming Office: Date assumed ______/_____/______
   □ Leaving Office: Date left ______/_____/______
   (Check one circle.)
   -or-
   □ The period covered is January 1, 2019, through the date of
   leaving office.
   -or-
   □ The period covered is ______/_____/______, through
   the date of leaving office.
   □ Candidate: Date of Election Nov. 3, 2020 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: __________
   Schedules attached
   □ Schedule A-1 - Investments – schedule attached
   □ Schedule A-2 - Investments – schedule attached
   □ Schedule B - Real Property – schedule attached
   □ Schedule C - Income, Loans, & Business Positions – schedule attached
   □ Schedule D - Income - Gifts – schedule attached
   □ Schedule E - Income - Gifts - Travel Payments – schedule attached
   -or- □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   17509 Via Sereno, Monte Sereno, California 95030
   STREET
   CITY
   STATE
   ZIP CODE
   DAYTIME TELEPHONE NUMBER
   (408 ) 655-0400
   EMAIL ADDRESS
   bryan.meekchuk@comcast.net
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   Date Signed August 7, 2020
   Signature
   [Please affix your original signature]

PPC Form 700 - Cover Page (2019/2020)
advice@ppcc.ca.gov • 855-373-5372 • www.ppcc.ca.gov
Page 5
**SCHEDULE B**

**Interests in Real Property**

*(Including Rental Income)*

- **ASSessor’s parcel number or street address:**
  55 Roberts Road, Unit D

- **City:**
  Los Gatos, California

**Fair market value**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**Nature of interest:**

- Ownership/Deed of Trust
- Lease
- Easement
- Other

**Rental property, gross income received:**

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- Over $100,000

**Sources of rental income:**

If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None

**Peter Burke**

---

*You are not required to report loans from a commercial lending institution made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:*

**Name of lender**

- **Address:** (Business Address Acceptable)

- **Business activity, if any, of lender:**

- **Interest rate term (Month/Year):**

- **Highest balance during reporting period:**
  - $500 - $1,000
  - $1,001 - $10,000
  - $10,001 - $100,000
  - Over $100,000
  - Guarantor, if applicable

**Comments:**

---

**FPPC form 700 - Schedule B (2019/2020)**

[Links and contact information]

Page 32
Statement of Organization
Recipient Committee

1. Committee Information

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>I.D. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Meckehuk for City Council 2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address (No P.O. Box)</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monte Sereno</td>
<td>CA</td>
<td>95030</td>
<td>408-655-0400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Mailing Address (if Different)</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monte Sereno</td>
<td>CA</td>
<td>95030</td>
</tr>
</tbody>
</table>

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>Name of Treasurer</th>
<th>Street Address (No P.O. Box)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Meckehuk</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jurisdiction Where Committee is Active</th>
<th>Name of Principal Officer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Monte Sereno</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

I have used all reasonable diligence in preparing 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 09/11/2020

Executed on 09/11/2020

Executed on

Executed on

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Bryan Mekechuk for City Council 2020

• All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>408-356-6142</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>16100 Los Gatos Boulevard</td>
<td>Los Gatos</td>
<td>CA</td>
<td>95032</td>
</tr>
</tbody>
</table>

4. Type of Committee (Complete the applicable sections)

Controlled Committee

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

• List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

• If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Mekechuk</td>
<td>Member, Monte Sereno City Council</td>
<td>2020</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (666/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Bryan Meeseckuk for City Council 2020

4: Type of Committee
(Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee
☐ COUNTY Committee
☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE  AREA CODE/PHONE

Small Contributor Committee

☐ Date qualified

5: Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

• This committee has ceased to receive contributions and make expenditures;

• This committee does not anticipate receiving contributions or making expenditures in the future;

• This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;

• This committee has no surplus funds; and

• This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

— There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

— Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from Aug 3, 2020
through Sept 17, 2020

Date of election if applicable:
(Month, Day, Year)
Nov 3, 2020

CITY OF MONTE SERENO

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 8)

☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee information
I.D. NUMBER
1432213

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mekechuk for City Council 2020

STREET ADDRESS (NO P.O. BOX)

Monte Sereno
CA 95030
MAILING ADDRESS

Treasurer(s)
NAME OF TREASURER
Bryan Mekechuk
MAILING ADDRESS
Monte Sereno
CA 95030
NAME OF ASSISTANT TREASURER, IF ANY

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 10/10/2020
Date

By ________________________________
Signature of Treasurer or Assistant Treasurer

Executed on 10/10/2020
Date

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

Executed on __________________________
Date

By ________________________________
Signature of Controlling Candidate, Candidate, State Measure Proponent

Executed on __________________________
Date

By ________________________________
Signature of Controlling Candidate, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bryan Mekechuk

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Monte Sereno CA 95030

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.*

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

*Attach continuation sheets if necessary*
**Contributions Received**

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$5599.15</td>
<td>$5599.15</td>
<td>1/1 through 6/30</td>
</tr>
<tr>
<td>Loans Received</td>
<td>0</td>
<td>0</td>
<td>7/1 to Date</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$5599.15</td>
<td>$5595.15</td>
<td>20. Contributions Received</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$5599.15</td>
<td>$5595.15</td>
<td>21. Expenditures Made</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$5144.15</td>
<td>$5144.15</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$5144.15</td>
<td>$5144.15</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$5144.15</td>
<td>$5144.15</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Cash Component</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>0</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$5599.15</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$-5144.15</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$455.00</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Cash Component</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$455.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>0</td>
</tr>
</tbody>
</table>
Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mechechuk for City Council 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/3/2020</td>
<td>Bryan Mechechuk</td>
<td>IND</td>
<td>Retired</td>
<td>1000.00</td>
<td>1000.00</td>
<td></td>
</tr>
<tr>
<td>8/10/2020</td>
<td>Bryan Mechechuk</td>
<td>IND</td>
<td>Retired</td>
<td>2400.00</td>
<td>3400.00</td>
<td></td>
</tr>
<tr>
<td>8/26/2020</td>
<td>Bryan Mechechuk</td>
<td>IND</td>
<td>Retired</td>
<td>1198.50</td>
<td>4598.50</td>
<td></td>
</tr>
<tr>
<td>9/9/2020</td>
<td>Bryan Mechechuk</td>
<td>IND</td>
<td>Retired</td>
<td>454.00</td>
<td>5052.50</td>
<td></td>
</tr>
<tr>
<td>9/15/2020</td>
<td>Bryan Mechechuk</td>
<td>IND</td>
<td>Retired</td>
<td>546.65</td>
<td>5599.15</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 5599.15

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ........................................ $ 5599.15

2. Amount received this period – unitemized monetary contributions of less than $100 .................... $ 0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............... TOTAL $ 5599.15

*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

FFPC Form 460 (Jan/2016)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule E
### Payments Made

**NAME OF FILER**
Meckehuk for City Council 2020

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

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

### NAME AND ADDRESS OF PAYEE

**OF COMMITTEE, ALSO ENTER I.D. NUMBER**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Monte Sereno</td>
<td>FIL</td>
<td>Candidate Statement</td>
<td>2400.00</td>
</tr>
<tr>
<td>Monte Sereno, CA 95030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Monte Sereno</td>
<td>VOT</td>
<td>Filing Fee</td>
<td>25.00</td>
</tr>
<tr>
<td>Monte Sereno, CA 95030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Clara Registrar of Voters</td>
<td>VOT</td>
<td>Voter List</td>
<td>129.00</td>
</tr>
<tr>
<td>San Jose, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 2554.00**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 5144.15
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 $ 5144.15

---

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>California Form 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 3, 2020</td>
<td>460</td>
</tr>
<tr>
<td>through Sept 17, 2020</td>
<td></td>
</tr>
</tbody>
</table>

NAME OF FILER
Mekechuk for City Council 2020

I.D. NUMBER
1432213

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

| CMP         | camp campaign parapernalia/misc. |
| CNS         | campaign consultants             |
| CTB         | contribution (explain nonmonetary)* |
| CVC         | civic donations                  |
| FIL         | 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                   |
| 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 airline and production costs |
| RDF         | returned contributions            |
| SAL         | campaign workers' salaries        |
| TEL         | t.v. or cable airline 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) |

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMDesign Studio for Web Services 2742 Fresno St, Santa Cruz, CA 95062</td>
<td>WEB</td>
<td>Web site</td>
<td>1593.50</td>
</tr>
<tr>
<td>Lepori Photography 61A Victory Lane, Los Gatos, CA 95030</td>
<td>CMP</td>
<td>Photography</td>
<td>450.00</td>
</tr>
<tr>
<td>Pacific Printing 1445 Monterey Highway, San Jose, CA 95110</td>
<td>CMP</td>
<td>Printing costs (yard signs)</td>
<td>546.65</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 2590.15

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Statement of Organization
## Recipient Committee
### Statement Type
- [x] Initial
  - Date qualification threshold met
  - 08 / 10 / 2020
- [ ] Amendment
- [ ] Termination – See Part 5
  - Date of termination

### 1. Committee Information
#### NAME OF COMMITTEE
Bryan4MonteSeren.com

#### STREET ADDRESS (NO P.O. BOX)
- Monte Sereno, CA 95030

#### FULL MAILING ADDRESS (IF DIFFERENT)
- Santa Clara County, City of Monte Sereno

#### 2. Treasurer and Other Principal Officers
#### NAME OF TREASURER
Bryan Mekechuk

#### STREET ADDRESS (NO P.O. BOX)
- Monte Sereno, CA 95030

#### E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

#### NAME OF ASSISTANT TREASURER, IF ANY

#### STREET ADDRESS (NO P.O. BOX)

#### NAME OF PRINCIPAL OFFICER(S)

#### CITY

#### STATE

#### ZIP CODE

#### AREA CODE/PHONE

### 3. Verification
I have used all reasonable diligence in preparing 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 08/19/2020
- By [Signature]

- Executed on 08/19/2020
- By [Signature]

- Executed on
- By [Signature]

- Executed on
- By [Signature]

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

COMMITTEE NAME
Bryan4MonteSereno.com

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Wells Fargo Bank

AREA CODE/PHONE
408-356-6142

BANK ACCOUNT NUMBER

ADDRESS
16100 Los Gatos Boulevard

CITY
Los Gatos

STATE
CA

ZIP CODE
95032

4. Type of Committee Complete the applicable sections.

Controlled Committee

• List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

• List the political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable

• If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT
Bryan Mekechuk

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
Member, Monte Sereno City Council

YEAR OF ELECTION
2020

PARTY
Nonpartisan

CHECK ONE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

FPCC Form 410 (August/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
4. Type of Committee

**General Purpose Committee**
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
- ☐ CITY Committee
- ☐ COUNTY Committee
- ☐ STATE Committee

**Provide brief description of activity**

**Sponsored Committee**
List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Industry Group or Affiliation of Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>No. and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Small Contributor Committee**

☐ __/__/__

5. Termination Requirements

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.
Candidate Intention Statement

Check One: □ Initial □ Amendment (Explain) 

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Bryan Mekechuk

STREET ADDRESS Monte Sereno, CA 95030

AGENCY NAME Council Member, City of Monte Sereno

DISTRICT NUMBER, if applicable: 

OFFICE JURISDICTION 

☐ State (Complete Part 2.) ☑ City ☐ County ☐ Multi-County: 

PARTY PREFERENCE: 

☐ Non-Partisan Office 

☐ Primary (General) 

☐ Special / Runoff 

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on ______/_____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

☐ On, ______/_____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/23/2020 

Signature Bryan Mekechuk 

(Candidate)
Candidate Intention Statement

Who Files:
A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend $2,000 or more in a calendar year are not required to file a Form 501.

When to File:
File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered. Ensure campaign deadlines are met. Go to www.fppc.ca.gov for most campaign disclosure filing schedules or check with your local filing officer.

Where to File:
State Candidates (including Judges):
Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
www.sos.ca.gov

Local Candidates:
Generally your county election office or city clerk.
Electronic filing may be required.

Bank Account:
A separate campaign bank account must be established including for campaigns that are self-funded by the candidate. A bank account is not required if a candidate will not receive any contributions or make personal expenditures of less than $2,000 in a calendar year. The filing and statement of qualification fees are not included in calculating the $2,000.

How to Complete:
All candidates: Complete Parts 1 and 3.
Candidates for elective state office: Complete Parts 1, 2, and 3.
Exception: Candidates for an election to the California Public Employees’ Retirement Board, the State Teachers’ Retirement Board, judges, and judicial candidates do not complete Part 2.

Part 1. Candidate Information
- Enter your name and street address.
- Enter the title of the office sought, agency name, and district number if any (e.g., City Council Member, City of Smalltown, Dist. 5).
- Enter your political party preference if seeking a partisan office. For a list of qualified political parties, go to: www.sos.ca.gov/elections/political-parties/qualified-political-parties/.
- Check the appropriate box regarding the office’s jurisdiction.

Part 2. Voluntary Expenditure Ceiling
This section applies to certain candidates for elective state office, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state voter information guide (statewide candidates) or the county voter information guide (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:
- Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.
- If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

Personal Funds Notification:
You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

Part 3. Verification
The verification is signed under penalty of perjury. This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov