Recipient Committee Campaign Statement Cover Page	. Туұ	oe or print in ink.	Date Stamp	CALIFORNIA 2001/02 FORM Approx 1 at 20
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	. 1	Page 1 of 20 For Official Use Only
	through	11/6/2007		
SEE INSTRUCTIONS ON REVERSE				
1. Type of Recipient Committee: All Committees - Complete	e Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	□ s _l □ s	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
3. Committee Information	I.D. NUMBER 1245924	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SUNPAC	·	NAME OF TREASURER Patricia Castillo		
		MAILING ADDRESS 1081 Lakebird Drive		
STREET ADDRESS (NO P.O. BOX) 1081 LAKEBIRD DRIVE		CITY Sunnyvale	STATE Z(PCODE Ca 94089	AREA CODE/PHONE (408) 734-0552
CITY STATE ZIP CODE SUNNYVALE CA 94089	AREA CODE/PHONE (408) 734-0552	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIPFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS (408) 745-1391 / peccbc@aol.com		OPTIONAL FAX/E-MAIL ADDRESS Treasurer: (408) 745-1391 /	PECCBC@aol.com	
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 1/4/2008 Date Executed on Date Executed on Date	that the foregoing is true and correct By By Signalure of Contro		tello	
Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC To	FPPC Form 460 (January/05) ill-Free Helpline: 866/ASK-FPPC (866/276-3772)

State of California

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 20

Officeholder or Candidate Controlled Committee			Primarily Formed Ballot	rmed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE				
			:				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	ER IF APPLICABLE)	_	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT	
		_				OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling offic	ceholder, candidate, or st	ate measure p	roponent, if any.	
			NAME OF OFFICEHOLDER, CANDID	ATE, OR PROPONENT			
Related Committees Not Included in this Statement included in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy.	ent: List any committees formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY	
COMMITTEE NAME.	I.D. NUMBER	-					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candic officeholder(s) or candidate(s) for wh			st names of	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CAND	OIDATE OFFICE SO	UGHT OR HELD	SUPPORT	
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAND	PIDATE OFFICE SO	UGHT OR HELD	SUPPORT	
COMMITTEE NAME	I.D. NUMBER	-				OPPOSE	
		_	NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAND	OFFICE SO	UGHT OR HELD	SUPPORT	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				•		☐ OPPOSE	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	-	Attach	continuation sheets if ned	essary		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{7/1/2007}{\text{frough}}$ CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC I.D. NUMBER 1245924

SONPAC							
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and				
1. Monetary Contributions Schedule A, Une 3	\$14,200.00	\$15,200.00	General Elections				
Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions				
), SUBTOTAL CASH CONTRIBUTIONS	\$14,200.00	\$15,200.00	Received				
. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures				
5. TOTAL CONTRIBUTIONS RECEIVED	\$14,200.00	\$15,200.00	Made				
expenditures Made			Expenditure Limit Summary for State				
Payments Made Schedule E, Line 4	\$14,851.43	\$16,477.43	Candidates				
. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*				
. SUBTOTAL CASH PAYMENTS	\$14,851.43	\$16,477.43	(if Subject to Voluntery Expenditure Limit)				
. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00	Date of Election Total to Date				
0. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yy)				
1. TOTAL EXPENDITURES MADE	\$14,851.43	\$16,477.43					
Current Cash Statement			·				
2. Beginning Cash Balance Previous Summary Page, Line 16	\$35,864.34	To calculate Column B, add	Amounts in this section may be different from amounts				
3. Cash Receipts Column A, Line 3 above	\$14,200.00	amounts in Column A to the corresponding amount	reported in Column B.				
4. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in					
5. Cash Payments Column A, Line 8 above	\$14,851.43	Column A may be negative					
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, Then subtract Line 15	\$35,212.91	figures that should be subtracted from previous					
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed					
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if					
Cash Equivalents and Outstanding Debts		any).					
8. Cash Equivalents See instructions on reverse	\$0.00						
19. Cutstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00		FPPC Form 460 (Janua) FPPC Toll-Free Helpfine: 866/ASK-FPPC (866/275-				
	•	-	add this is a feature.				

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHEDULE A	•
Statement covers period	CAL	FORNI	A 400	l
7/1/2007	F	ORM	46U	ı
12/31/2007			- 20	

SEE INSTRUCTION	IS ON REVERSE		-		through	_ Page 4 of 20
NAME OF FILER SUNPAC						I.D. NUMBER 1245924
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYEO, ENTER MAME OF BUSINESS)	AMOUNT RECEIVED THI PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
7/19/2007	Taylor Woodrow Homes, Inc. 15 Cushing Irvine, Ca 92618	□ IND □ COM ■ OTH □ PTY □ SCC		\$2,000.00	\$2,000.00	
8/25/2007	The Riding Group 99 Almaden Blvd Suite 720 San Jose, Ca 95113	□ IND □ COM ■ OTH □ PTY □ SCC		\$1,000.00	\$1,000.00	
9/22/2007	P. G. & R Corporation 77 Beale Street San Francisco, Ca 95113	□ IND □ COM ■ OTH □ PTY □ SCC		\$500.00	\$500.00	
9/22/2007	Apricot Pit Apartments 920 W. Fremont Avenue Sunnyvale, Ca 94087	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$200.00	\$200.00	
9/22/2007	De Anza Office Center 920 W. Fremont Avenue Sunnyvale, Ca 94087	IND COM OTH PTY SCC		\$100.00	\$100.00	
			SUBTOTAL	\$		
Schedule A S 1. Amount rec	Summary eived this period - itemized monetary contributions. Schedule A subtotals.)			\$14,200.00	IND	ntributor Codes - Individual VI - Recipient Committee
•	eived this period - uniternized monetary contributions of less th			\$0.00	от	(other than PTY or SCC) I - Other (e.g., business entity)
3. Total monet	lary contributions received this period.		PTY - Political Party			

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (856/275-3772)

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

SCHEDULE A (CONT.) Statement covers period **CALIFORNIA** 7/1/2007 12/31/2007 through 🖺

NAME OF FILER SUNPAC						I.D. NUMBER 1245924
DATE RECEIVEO	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
9/22/2007	De Anza Square Shopping Center 920 W. Fremont Avenue Sunnyvale, Ca 94087	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$200.00	\$200.00	
9/28/2007	Plaza Del Rey 999 Saratoga Avenue San Jose, Ca 95129	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,000.00	\$1,000.00	
9/28/2007	Taylor Woodrow Homes, Inc 19 Cushing Irvine, Ca 92618	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$500.00	\$2,500.00	
9/28/2007	Taisei Construction Corporation 2180 Bering Drive San Jose, Ca 95131	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$400.00	\$400.00	
9/28/2007	Morley Bros. LLC 99 Almaden Blvd. #720 San Jose, Ca 95113	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00	
			CURTOTAL			State Office and decrease \$2,000 persons and the second

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

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

SCHEDULE A (CONT.) Statement covers period CALIFORNIA 7/1/2007

I.D. NUMBER

1245924

12/31/2007 through ...

from

\$100.00

\$100.00

SUBTOTAL \$

SUNPAC IF AN INDIVIOUAL, ENTER CUMULATIVE TO DATE PER ELECTION AMOUNT OCCUPATION AND EMPLOYER CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE RECEIVED THIS CALENDAR YEAR TO DATE (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.O. NUMBER) CODE* PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) RECEIVED OF BUSINESS) \$1,000.00 \$1,000.00 ☐ IND Lawrence Station LLC 9/28/2007 4185 Blackhawk Plaza Circle □ сом Danville, Ca 94506 ■ OTH ☐ PTY \square scc \$1,000.00 \$1,000.00 MT SPE LLC c/o Jay Paul Company 9/28/2007 350 California Street Suite 1905 □ сом San Francisco, Ca 94104 ■ OTH TT9 ☐ scc \$100.00 \$100.00 ☐ iND Sunset Estates 9/28/2007 507 Sylvan Avenue □ сом Mountain View, Ca 94041 ■ отн ☐ PTY □ scc \$200.00 \$200.00 9/28/2007 Metropolitan Planning Group ☐ IMD 400 W. Evelyn Avenue □ сом Sunnyvale, Ca 94086 TOTH.

> □ scc

☐ IND

Сом

■ OTH ☐ PTY □ scc

*Contributor Codes

IND - Individual

9/28/2007

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

LPMD Architects

Santa Clara, Ca 95054

2620 Augustine Drive Suite 130

PTY - Political Party

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

SCHEDULE A (CONT.) CALIFORNIA Statement covers period from ____ Page 7 of 20

NAME OF FILER SUNPAC						I.D. NUMBER 1245924
DATE REÇEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT REGEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/2007	Harriet B. Rowe Sunnyvale, Ca 9408/	IND COM OTH PTY SCC	OCCUPATION: Retired Teacher EMPLOYER: Retired	\$100.00	\$100.00	
9/28/2007	Kawczynski & Associates 562 S. Mathilda Avenu Sunnyvale, Ca 94086	IND COM OTH PTY SCC		\$100.00	\$100.00	
9/28/2007	David B. Simons Sunnyvale, Ca 3200,	IND COM OTH PTY scc	OCCUPATION: Engineer EMPLOYER: Retired	\$100.00	\$100.00	
9/28/2007	CAAPAC Local Trust Account 980 Ninth Street Suite 2150 Sacramento, Ca 95814 Memo Reference: 1	IND COM OTH PTY		\$1,000.00	\$1,000.00	
9/28/2007 -	Brandenburg, Stædler & Moore 1122 Willow Street #200 Sam Jose, Ca 95125	IND COM OTH PTY SCC		\$1,000.00	\$1,000.00	
			SUBTOTAL			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2007 FORM 4.60

through 12/31/2007 Page 8 of 20

NAME OF FILER SUNPAC						I.D. NUMBER 1245924
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/5/2007	West Division Office Comcast Cable Communications 183 Inverness Drive West Englewood, Co 80112	IND COM OTH PTY SCC		\$1,000.00	\$1,000.00	
9/22/2007	Jiames Griffith	IND COM OTH PTY SCC	OCCUPATION: Engineering Manager EMPLOYER: deCarta	\$100.00	\$100.00	
11/10/2007	CREPA/BORPAC Silicon Valley 525 S. Virgil Avenue Los Angeles, Ca 90020 COMMITTEE ID: 890106	IND COM OTH PTY SCC		\$1,000.00	\$1,000.00	
11/21/2007	INFO-SCAN TECHNOLOGIES, INC. 470 Ives Terrace Sunnyvale, Ca 94087	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$500.00	\$500.00	
		IND COM OTH PTY SCC				
			SUBTOTAL \$			

*Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period CALIFORNIA

Loans Received		to wh	iole dollars.		from 7/	from 7/1/2007		400	
					through	12/31/2007	Page 3	of20	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC					- Inough		J.D. NUMBER 1245924		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT REGEIVED THIS PERIGD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) . OUTSTANDING BALANCE AT CLOSE OF THIS FERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(a) CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID				CALENDAR YEAR	
				FORGIVEN		HATE		PER ELECTION**	
†□IND □ COM □ OTH □ PTY □ SCC				<u></u>	DATE DUE]	DATE INCURRED		
				PAID		%		CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
†□IND □ COM □ OTH □ PTY □ SCC				·	DATE DUE		DATE INCURRED		
	·			PAID .		%		CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
†□IND □ COM □ OTH □ PTY □ SCC	•	i			DATE DUE	, 	DATE INCURRED	ļ- 	
		SUBTOTAL \$;	\$	\$,			
chedule B Summary						(Enter (e) an Schedule E, Line 3)			
Loans received this period	********************************		************	\$0.0	0				
(Total Column (b) plus unitemized loans of less than	\$100.)					*Con	tributor Codes		
Loans paid or forgiven this period						COM OTH PTY	IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party		
Net change this period. (Subtract Line 2 from Line 1 Enter the net here and on the Summary Page, Column	nn A, Line 2.			, NET \$0.0 (May	O be a negative number)	SCC	- Small Contribu	tor Committee	
*Amounts forgiven or paid by another party also must ** If required.	be reported on Schedule A.						FPPC Fo	orm 460 (January/05)	

Schedule C

Type or print in ink.

SCHEDULE C

Nonmonetary Contributions Received			Amounts may be roun to whole dollars.	from 7/1/2007 FORM				
SEE INSTRUCTIONS	ON REVERSE				intough			
NAME OF FILER SUMPAC							I.D. NUMBE 1245924	
DAYE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALVE	CUMUL DA CALEND (JAN. 1 -		PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH SCC						
		IND COM OTH PTY SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
Attach additional	information on appropriately labeled continuate	on sheets.	su	BTOTAL\$	17 (18 4) (18 1)	1.74		igan agarang panga
Schedule C Su	ummary					,		
(Include all So 2. Amount received. I. Total nonmon	ved this period - itemized nonmonetary contrib chedule C subtotals.)	ributions of less tha	ın \$100	\$0.00	· · · · · · · · · · · · · · · · · · ·	IND - In COM - OTH - C PTY - P	Recipient ((other than)ther (e.g., olitical Par	Committee PTY or SCC) business entity)
(Add Lines 1	and 2. Enter here and on the Summary Page,	Column A, Lines 4	and 10.)	TOTAL \$0,00				ibator Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars,

SCHEDULE D

Statement covers period from 7/1/2007 FORM 460

through 12/31/2007 Page 11 of 20

Candidates, Measures and Committees

SEE INSTRICCTIONS ON REVERSE
NAME OF FILER
SUNPAC

LD. NUMBER
1245924

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
8/30/2007	Ron Swegles Office Description: Sunnyvale City CouncilJurisdiction: City Sunnyvale California Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	check #1315	\$2,500.00	\$2,500.00		
8/30/2007	Otto Lee Office Description: Sunnyvale City CouncilJurisdiction: City Sunnyvale California Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Check #1318	\$2,500.00	\$2,500.00		
8/30/2007	Dean Chu Office Description: Sunnyvale City CouncilJurisdiction: City Sunnyvale California Support Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure	Check #1316	\$2,500.00	\$2,500.00		
SUBTOTAL \$							

Schedule D Summary

1.	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$12,500.00	_
2.	Unitemized contributions and independent expenditures made this period of under \$100	\$0.00	_
3.	Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$12,500.00	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (856/275-3772)

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

	SCHEDULE D (CON
Statement covers period from	FORM 46
through 12/31/2007	Page 12 of 20
	I.D. NUMBER 1245924

NAME OF FILER SUNPAC

DATE	NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2007	Build the Library, Yes On B Ballot Number/Letter: B Jurisdiction: Sunnyvale California	Monetary Contribution Nonmonetary	Check 1319	\$2,500.00	\$2,500.00	
·	Support Oppose	Contribution Independent Expenditure	·			
	Melinda Hamilton Office Description: Sunnyvale City CouncilJurisdiction: City Sunnyvale California	Monetary Contribution Nonmonetary Contribution	Check #1323	\$2,500.00	\$2,500.00	
	Support Oppose	independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution independent Expenditure				
			SUBTOTAL \$			T. Park

FPPC Form 469 (January/05) FPPC Toll-Free Helpline: 868/ASIC-FPPC (865/275-3772)

Schedule E Payments Made

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

SCHEDULE E Statement covers period CALIFORNIA FORM 7/1/2007 through. J.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1245924 SUNPAC

CODES: If one of the following codes accurately des CMP campaign paraphernalia/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 MTG meetin OFC office of PET petition PHO phone POL polling POS postag	er communica gs and appea expenses n circulating banks and survey r e, delivery ar slonal service	ations arances	. Otherwise, describe the payment. RAD radio airtime and production 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, todging, and meals TSF transfer between committees of the same candidate/spot voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	ESCRIPTION OF	F PAYMENT .	AMOUNT PAID
Todd Storti 301 Carl Road Sunnyvale, Ca 94089		MTG	check #1314			\$70.56
Adam Montgomery 19400 Stevens Creek Blvd. #100 Cupertino, Ca 95014		MTG	check #1313			\$35.06
Re-Elect Ron Sweg;es 1:111-195 Morse Avenue Sunnyvale, Ca 94089 COMMITTEE ID: 1243709		CTB	Check #1315 8/30/0) 		\$2,500.00
* Payments that are contributions or independent expenditures must also	be surnmarized or	n Schedule D			SUBTOTAL	_\$
Schedule E Summary						
Itemized payment made this period. (Include all Schedule E subtotals.)					***************************************	
2. Unitemized payments made this period of under \$100				<u>.i</u>		
3. Total interest paid this period on loans. (Enter amount from Schedule	B, Part 1, Column	n (e).)		·		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	and on the Summ	ary Page, Co	lumn A, Line 6.)			\$14,851.43
				!	•	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E (Continuation Sheet) Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2007

through

california 460

SCHEDULE E (CONT.)

Page 14 of 20

I,D. NUMBER 1245924

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications radio airtime and production CNS campaign consultants MTG meetings and appearances RED returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research FND TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration LEG 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 (IF COMMITTEE, ALSO ENTER J.O. NUMBER) Re-Elect Otto Lee CTB Check #1318 -- 8/30/07 \$2,500.00 636 Spruce Drive Sunnyvale, Ca 94086 COMMITTEE ID: 1245607 Re-Elect Dean Chu CTB Check #1316 -- 8/30/07 \$2,500.00 1278 Mandarin Drive Sunnyvale, Ca 94087 COMMITTEE ID: 1253414 Build the Library, Yes on B CTBCheck #1319 8/30/07 \$2,500.00 1111 W. El Camino Real, Ste 109-214 Sunnyvale, Ca 94087 COMMITTEE ID: 1299574 Bon Appetit Management Company FND Check #1320 9/25/07 \$1,407.25 701 First Avenue Sunnyvale, Ca 94089 Rebekah and Jazzkwest FND Check #1321 9/25/07 \$400.00 804 Peninsula Avenue Burlingame, Ca 94010

> FPPC Form 460 (January/05) FPPC Tell-Free Helpline: 866/ASK-FPPC (866/275-3772)

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** 7/1/2007 12/31/2007 Page 15 of 20 I.D. NUMBER 1245924

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC 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 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 MTG OFC PET PHO POL POS PRO: PRT	meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)			RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spon voter registration information technology costs (internet, e-mail)		
NAME AND AODRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR E	ESCRIPTIO	N OF PAYMENT	AMOUNT PAID	
Patricia Castillo			FND	Check #1322 9/2	25/07		\$284.84	
Memo Reference: 2 Re-Elect Melinda Hamilton 563 S. Taaffe Street Sunnyvale, Ca 94086 COMMITTEE ID: 1256115			CTB	Check 1323 9/28/	07		\$2,500.00	
Memo Reference: 3 Todd Storti 301 Carl Road Sunnyvale, Ca 94089			FND	Check # 1324 9/2	8/07		\$153.72	
Memo Reference: 4								
* Payments that are contributions or independent expenditures must also be	e cumm	arizad on S	chadula D			SUBTOTAL	\$	

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F Statement covers period **CALIFORNIA** FORM 7/1/2007 12/31/2007 Page 16 of 20 through -

SEE INSTRUCTIONS ON REVERSE LD. NUMBER 1245924 NAME OF FILER SUNPAC

SUNFAC							
CODES: If one of the following codes accurately desc	cribes the	e payment, you	may enter the code	e. Other	wise, des	cribe the paymen	t.
campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR r MTG r OFC c PET p PHO p POL p	nember communication meetings and appeara office expenses petition circulating whone banks polling and survey resi postage, delivery and professional services (ons Ances earch messenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime returned cor campaign w t.v. or cable candidate tra staff/spouse	e and production ntributions orkers' salaries airtime and production avel, lodging, and mea travel, lodging, and me veen committees of the	costs Is
LIT campaign literature and mailings		orint ads	(WEB	·	echnology costs (inter	net, e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DESCR	CODE OR IIPTKON OF PAYMENT	(a) OUTSTANDING BALANCÉ BEGINNING OF THIS PERIOD	AMOUNT THIS	(b) INCURRED PERIOO	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD
						·	3
* Payments that are confidentions or independent expenditures must take be summarized on Schedule D. summarized on Schedule D.		SUBTOTAL :	\$		5	<u> </u>	\$
Schedule F Summary							
 Total accrued expenses incurred this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total uniternized accrued expenses.) 	Column (b) enses unde	subtotals for r \$100.)			,	INCURRED TOTALS	şo.00
Total accrued expenses paid this period. (Include all Schedule F, Colu accrued expenses of \$100 or more, plus total uniternized payments on	accrued ex	totals for payments or openses under \$100.)	ı 			PAID TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the differe on the Summary Page, Column A, Line 9.)	nce here ar	nd				NE	(May be a negative number)
							EDBC Form 460 / January/0

FPPC Form 460 (January/05) FPPC Toll-Free Helpikie: 666/ASK-FPPC (866/275-3772)

Schedule H Loans Made to Others*

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE I
Statement covers period	CALIFORNIA 400
from	FORM 40U
through	Page <u>17</u> of <u>20</u>
	I D. Alliangeo

SEE INSTRUCTIONS ON REVERSE					through	12/31/2007	- Page <u>17</u>	of 20
NAME OF FILER SUNPAC							I.D. NUMBER 1245924	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER AD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PEAIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		e e		☐ PAID	:	%		CALENDAR YEAR
			1	FORGIVEN		RATE /		PER ELECTION**
					DATE DUE		DATE INCURRED	
		,] 	☐ PAID		a,		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans furgiven must also be reported on Schedule E.		SUBTOTAL	\$	\$	\$	\$	namen i sin Propinsi Propinsi Propinsi Propinsi N	The difference of the control of the
•						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period	ะก \$100.)	***************************************		\$0.0	. O			
Payments received on loans (Total Column (c) plus uniternized payments of less	s than \$100.)			\$0.0	0			** If required.

\$0.00

(May be a negative number)

Net change this period. (Subtract Line 2 from Line 1.)
 Enter the net here and on the Summary Page, Column A, Line 7.

FPPC Form 460 (January/05) FPPC Toll-Free Helplins: 866/ASK-FPPC (866/275-3772)

Schedule I

Type or print in ink. Amounts may be rounded SCHEDULE I

Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers period from 7/1/2007 through	CALIFORNIA 460 FORM 460	
NAME OF FILER SUNPAC				LD. NUMBER 1245924	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DESCI	RIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
			SUBTOTAL	\$	
Schedule I Summ	307				
Itemized increase	es to cash this period. ases to cash of under \$100 this period.		\$0.00	_ _	
4. Total miscellaneo	st received this period on loans made to others. (Schedule H, Colu ous increases to cash this period. (Add Lines 1, 2, and 3. Enter he Line 14.)	ere and on the	4	_	

Memo Reference: 1 ID #745208 Memo Reference: 2 Reimburse for beverages purchased for event Memo Reference: 3 replacement of lost check '#1317

Memo Reference: 4 Reimbursement for fund raiser for balloons