Recipient Committee Campaign Statement Cover Page	Туре	Type or print in ink.			COVER PAGE LIFORNIA 2001/02 FORM 460
(Government Code Sections 84200-84216.5)	Statement covers period		CITY OF SUNN CITY CLERK	'S OFFICE	age 1 of 13 For Official Use Only
	from 7/1/2008	(Month, Day, Year)	2008 OCT -6	P 3: 14	
	through 9/30/2008	11/4/2008	300	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SEE INSTRUCTIONS ON REVERSE	11102911				
1. Type of Recipient Committee: All Committees - Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:			
☐ Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Camplete Pert 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Ballot Measure Committee O Controlled O 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 Termi Amendment (Explain below		☐ Specia ☐ Supple	erly Statement al Odd-Year Report emental Preelection nent - 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			
SUNFAC		MAILING ADDRESS 1081 Lakebird Drive	·		
STREET ADDRESS (NO P.O. BOX) 1081 LAKEBIRD DRIVE		CITY Sunnyvale	STATE Ca	ZIP CODE 94089	AREA CODE/PHONE (408) 734-0552
CITY STATE ZIP CODE SUNNYVALE CA 94089	AREA GODE/PHONE (408) 734-0552	NAME OF ASSISTANT TREASURER, I	FANY	****	
MAILING ADDRESS (IF DIFFERENT) 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) 745-1	.391 / peccbc@ao	1.com	
4. Verification I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the laws of the State of California to Executed on 10/1/2008 Description 1. Verification I have used all reasonable diligence in preparing and reviewing the under the laws of the State of California to the state of California to the laws of	/ <u>-</u> -	the information contained herein and in the	e attached schedules is	Irue and complete	. It certify
Date Executed on	BySignature of Cantrollin	Officeholder, Candidate, State Measure Proponent or Res	nonsible Officer of Sponsor		
Executed on	Ву	g Unicertoider, Cantildate, State Measure Proporties of Nes			
Executed on	Du.	ature of Controlling Officeholder, Candidate, State Measure		FPPC Tall-Fre	FPPC Form 460 (January/05) e Helpline: 665/ASK-FPPC (866/275-3772) 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 13____

5. Officeholder or Candidate Controlled Committee	6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LCCATION AND DISTRICT NUMBER	IF APPLICABLE)	-	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	-	Identify the controlling office	holder, candidate, or state	measure propo	onent, if any.
	<u> </u>	-	NAME OF OFFICEHOLDER, CANDIDATI	E, OR PROPONENT		
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are primarily fo contributions or make expanditures on behalf of your candidacy.	Nt: List any committees rmed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	-			<u> </u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	~ 7.	Primarily Formed Candida officatolder(s) for which			ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		-	NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP COL	E AREA CODE/PHONE	=	NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDID	DATE OFFICE SOUGH	HT OR HELD	SUPPOSE SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
CITY STATE ZIP COL	DE AREA CODE/PHONE	-	Attach co	ontinuation sheets if neces	sary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA from ________ **FORM** through 9/30/2008 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC 1245924

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, Line 3	\$1,550.00	\$3,050.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$1,550.00	\$3,050.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$1,550.00	\$3,050.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$2,224.41	\$6,691.31	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	\$2,224.41	\$6,691.31	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment	\$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$2,224.41	\$6,691.31	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$32,246.01	To calculate Column B, add	
13. Cash Receipts	\$1,550.00	amounts in Column A to the	Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	\$0.00	corresponding amount from Column B of your last	
15. Cash Payments	\$2,224.41	report, Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$31,571.60	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	
17. LOAN GUARANTEES RECEIVED	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts		any).	
18. Cash Equivalents	\$0.00	·	
19. Outstanding Debts	\$0.00		FPPC Form 460 (Janu FPPC Toti-Free Helpline: 866/ASK-FPPC (868/27

Schedule A Monetary Contributions Received

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

Statement covers period from 7/1/2008 FORM 460

SCHEDULE A

•					from -	77 17 2000		TOKIII I O O
SEE INSTRUCTIONS	S ON REVERSE				through	9/30/2008	<u> </u>	Page 4 of 13
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 TH PERIOD		CUMULATIVE CALENDAR (JAN, 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
7/10/2008	David Simons 1514 South Mary Avenue Sunnyvale, Ca 94087	IND COM OTH PTY SCC	OCCUPATION: Retired EMPLOYER: Lockheed	\$250.00		\$250.00		
9/24/2008	Jay K. Paul Company 350 California Street Ste 1905 San Francisco`, Ca 94104	IND COM OTH PTY SCC		\$1,000.00		\$1,000.00		
9/24/2008	James Griffith 540 Saco Terrace #7 Sunnyvale, Ca 94089	IND COM OTH PTY SCC	OCCUPATION: Engineer EMPLOYER: deCarta San Jose, Ca.	\$100.00		\$100.00		
9/26/2008	BRE Properties, Inc. 525 Market Stree 4th Floor San Francisco, Ca 94105	OTH SCC		\$200.00		\$200.00		
		IND COM OTH PTY SCC						
			SUBTOTAL \$					
Schedule A S 1. Amount rece (Include all S	Summary eived this period - itemized monetary contributions. Schedule A subtotals.)		<u>.</u>	\$1,550.00		[IND - Inc	Recipient Committee
	elved this period - uniternized monetary contributions of less the		,	30.00		ĺ		other than PTY or SCC) other (e.g., business entity)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Column A. Lin	e1\	TOTAL	\$1,550.00			PTY - P	olitical Party mall Contributor Committee

Schedule	B -	Part	1
Loans Re	ceiv	/ed	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Type or print in ink. Amounts may be rounded SCHEDULE B - PART 1

Statement covers period CALIFORNIA to whole dollars. **FORM** 7/1/2008 9/30/2008 of 13 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1245924 SUNPAC (a) OUTSTANDING (d) OUTSTANDING (f) ORIGINAL (c) AMOUNT PAID (e) INTEREST (g) CUMULATIVE IF AN INDIVIDUAL, ENTER (b) AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER OR FORGIVEN OF LENDER BALANCE RECEIVED THIS BALANCE AT PAID THIS AMOUNT OF CONTRIBUTIONS (IF SELF-EMPLOYED, ENTER BEGINNING THIS (IF COMMITTEE, AUSO ENTER I.D. NUMBER) PERIOD THIS PERIOD* CLOSE OF THIS PERIOD PERIOD LOAN TO DATE NAME OF BUSINESS) PAID CALENDAR YEAR RATE PER ELECTION** FORGIVEN †□ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED PAID CALENDAR YEAR PER ELECTION** FORGIVEN t□ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE PER ELECTION** FORGIVEN †□IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED SUBTOTAL \$ \$ (Enter (e) on Schedule E, Line 3) Schedule B Summary \$0.00 Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) *Contributor Codes IND - Individual 2. Loans paid or forgiven this period \$0.00 COM - Recipient Committee (Total Column (c) plus loans under \$100 paid or forgiven.) (other than PTY or SCC) (Include loans paid by a third party that are also itemized on Schedule A.) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee \$0.00 Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

Schedule C Nonmonetary Contributions Received		Type or print in ink. Amounts may be round to whole dollars.	Statement covers period from 7/1/2008		california form 460			
OFF INITERIOR OF INITERIOR					through 9/30/2	008	Page 6	of
SEE INSTRUCTIONS ON NAME OF FILER SUNPAC	HEVENSE						I.D. NUMBER 1245924	
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN. 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
	·	IND COM OTH PTY SCC						
		IND COM OTH SCC						
		IND COM OTH PTY SCC						
Attach additional in	formation on appropriately labeled continua	ation sheets.	sı	BTOTAL \$				
Schedule C Sum	-					*Contri	butor Code	s
(Include all Sch	d this period - itemized nonmonetary contri edule C subtotals.)					IND - Ir COM -	idividual Recipient C (other than Other (e.g.,	Committee PTY or SCC) business entity)
	ary contributions received this period. Id 2. Enter here and on the Summary Page	e, Column A, Lines 4	and 10.)	TOTAL \$0.00			Political Par Small Contr	ty ributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC

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

CALIFORNIA Statement covers period 7/1/2008 FORM

SCHEDULE D

9/30/2008 through -

Page 7 of 13

I.D. 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)
7/17/2008	Otto Lee for 2008 Office Description: Santa Clara Conty Supervisor. #3Jurisdiction: County Supervisor County of Santa Clara Supervisor County of Dopose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Cjec1 #1333	\$500.00	\$1,000.00	
7/17/2008	Cortese for Supervisor Office Description: Supervisor Santa Clara CountyJurisdiction: County Samta C;ara County District #3 Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Check #1334	\$500.00	\$1,000.00	
9/28/2008	Paul Fong for Assembly State Assembly District 22 Jurisdiction: State Assembly District Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Check #1336	\$1,000.00	\$1,000.00	
			SUBTOTAL \$			
Schedule D	Summary					
1. Itemized o	ontributions and independent expenditures made this period. (Inclu	ude ail Schedule D s	subtotals.)			\$2,000.00
2. Unitemized	d contributions and independent expenditures made this period of u	ınder \$100	<u>.</u>		2	\$0.00
3. Total contr	ributions and independent expenditures made this period. (Add Lin	es 1 and 2. Do not	enter on the Summary Page.)			\$2,000.00

Schedule E Payments Made

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

Statement covers period from 7/1/2008

9/30/2006

through

california 460

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC I.D. NUMBER 1245924

Page _8_

CMP	campaign paraphernalia/misc.	MBR	member o	ommunicatio	ons	RAD	radio airtime and production	
CNS	campaign consultants	MTG	meetings	and appeara	nces	RFD	returned contributions	
тв	contribution (explain nonmonetary)*	OFC	office exp	enses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition ci	rcutating		TEL	t.v. or cable airtime and production	
-IL	candidate filing/ballot fees	PHO	phone ba			TRC	candidate travel, lodging, and mea	
ND	fundraising events	POL		d survey rese		TRS	staff/spouse travel, lodging, and m	
ND	independent expenditure supporting/opposing others (explain)*	POS		•	messenger services	TSF	transfer between committees of the	e same candidate/spons
EG	legal defense	PRO PRT		nai services (legal, accounting)	VOT WEB	voter registration information technology costs (inter	not o mail)
_1T	campaign literature and mailings	PRI	print ads		الربي فالمسترية والمسترية في المسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية والمسترية	AAED	information technology costs (inter	net, e-man
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE C	DR DI	ESCRIPTIO	N OF PAYMENT	AMOUNT PAID
636 S Sunn	Lee for 2008 Epruce Drive yvale, Ca 94086 ITTEE ID: 1303083			CTB	check #1333		•	\$500.00
4221 San	ese for Supervisor Littleworth Way Jose, Ca 95135 ITTEB ID: 1296195			CTB	check #1334			\$500.00
P. 0	Card Servoces . Box 6000 Lakes, Nv 89163			OFC	Check #1335			\$224.41
Memo	Reference: 1		<u> </u>	<u> </u>				
Payn	nents that are contributions or independent expenditures must also	be sumn	narized on S	Schedule D.			SUBTOTAL	\$
Sche	dule E Summary							
	mized payment made this period. (Include all Schedule E subtotals	s.)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	\$2,224.41
								40.00
Uniternized payments made this period of under \$100						40.00		
3. To	tal interest paid this period on loans. (Enter amount from Schedule	B. Parti	1. Columb 6	Pall				<u>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/2008 FORM 460

CODES: If one of the following codes accura 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 of the campaign literature and mailings	MBR memb MTG meetir OFC office PET petitio PHO phone POL polling (explain)* POS postag	er communications ngs and appearances expenses n circulating banks g and survey research ge, delivery and messenger services sional services (legal, accounting)	RAD radio airtime and production RED returned contributions SAL campaign workers' salarie t.v. or cable airtime and production TRC candidate travel, lodging, staff/spouse travel, lodging.	s s roduction costs and meals g, and meals ees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMI	SER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paul Fong for Assembly 465 N. Wolfe Road Sunnyvale, Ca 94085 COMMITTEE ID: 1296165		CTB check #1336		\$1,000.00

Schedule F Accrued Expenses (Unpaid Bills)

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

	SCHEDULE F
Statement covers period	CALIFORNIA 460
from	FORM 40U
through	Page 10 of 13

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1245924 SUNPAC

CODES: If one of the following codes accurately des	cribes the payment, you	may enter the code	e. Otherwise, des	cribe 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 mallings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	earch messenger services	RFD returned cor SAL campaign w TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer bets VOT voter registr	orkers' salaries aintime and production of avel, lodging, and meals travel, lodging, and meals ween committees of the ation	duction is alaries and production costs ging, and meals	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSING OF THIS PERIOD	
	/					
*Payments that are contributions or independent expenditures must also be summarized on Schedule D. summarized at Schedule D.	SUBTOTAL	\$.		\$	\$	

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 uniternized accrued expenses under \$100.)	\$0.00
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.)	\$0.00

\$0.00 (May be a negative number)

Schedule H Loans Made to Others*

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE H
Statement covers period	CALIFORNIA ACO
from	FORM 460
9/30/2008	

					from			
					through	9/30/2008	Page .11	of _ 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC							I.D. NUMBÉR 1245924	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (JF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
_					DATE DUE		DATE INCURRED	
	<u>-</u>			☐ PAID		%		CALENDAR YEAR
·				FORGIVEN		RATE 70		PER ELECTION**
					DATE DUE		DATE INCURRED	-
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans torgiven must also be reported on Schedule E.		SUBTOTAL	\$	\$	\$	\$		
				- wa		(Enter (e) on Schedule I, Line 3)		- 100
Schedule H Summary								
Loans made this period(Total Column (b) plus unitemized loans of less that		······································	***************************************	<u>\$0.0</u>	00	-		
Payments received on loans (Total Column (c) plus unitemized payments of less	than \$100.)		• • • • • • • • • • • • • • • • • • • •	\$0.0	30	-		** If required.
Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu	1.)nn A, Line 7.		***************************************		00 be a negative number)	-		

SEE INSTRUCTIONS ON REVERSE		ole dollars.	from 7/1/2008 through 9/30/2008	CALIFORNIA FORM 460	
NAME OF FILER SUNPAC				I.D. NUMBER 1245924	
DATE FULL NAME AND ADD RECEIVED (IF COMMITTEE, ALSO E		DESCRIPTION	OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	, <u>, , , , , , , , , , , , , , , , , , </u>				
			SUBTOTAL	.\$	

1. Itemized increases to cash this period.

2. Unitemized increases to cash of under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

\$0.00

\$0.00

\$0.00

Memo Reference: 1				
invites and beverages for event 10/23/08				
			<u> </u>	
	•			
		•		