Recipient Committee Campaign Statement Cover Page	or print in ink.	Date S	∩ 204C	COVER PAG LIFORNIA 2001/02 460 FORM	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{7/1/2015}{\text{through}} \frac{12/31/2015}{}$	Date of election if applicable (Month, Day, Year)	CITY CLER	K'S OFFICE UNNYVALE	ge 1 of 18 For Official Use Only
Type of Recipient Committee: All Committees - Complet	e Parts 1 2 3 and 4	2. Type of Statement:			
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose 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 Term ☐ Amendment (Explain below	nination) w)	☐ Special ☐ Supple	rly Statement I Odd-Year Report mental Preelection ent - 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			
STREET ADDRESS (NO P.O. BOX)		CITY Sunnyvale	STATE Ca	ZIP CODE 94089	AREA CODE/PHONE
CITY STATE ZIP CODI SUNNYVALE CA 94089		NAME OF ASSISTANT TREASURER	IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CODE	E AREA CODE/PHONE	спу	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS '		OPTIONAL: FAX/E-MAIL ADDRESS Treasurer:	/ peccbc@a	ol.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	BySignature of Controlling	e the information contained herein and in the Control of Treasurer or Assistant Treasurer g Officeholder, Candidate, State Measure Proported or Rusture of Controlling Officeholder, Candidate, State Measure	esponsible Officer of Sponsor	s true and complete.	
Executed on	BySigns	ature of Controlling Officeholder, Candidate, State Measur	a Proponent	FPPC Toll-Free I	FPPC Form 460 (January/05 Helpline: 866/ASK-FPPC (866/275-377

FPPC Form 480 (January/05) FPPC Toll-Free Helpline: 866/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 18

***************************************			Primarily Formed Ballot Measu			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER JUI	RISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling officehold	er, candidate, or state n	neasure pr	oponent, if any.
Related Committees Not Included in this Statement:			NAME OF OFFICEHOLDER, CANDIDATE, OR	PROPONENT		
not included in this statement that are controlled by you or are primarily formet contributions or make expenditures on behalf of your candidacy.	ist any commutees i to receive		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Candidate/O officeholder(s) or candidate(s) for which this			t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE NAME	LD. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA FORM 7/1/2015 from ____ through _____ Page 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC

I.D. NUMBER 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	\$19,765.00	\$20,265.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	\$19,765.00	\$20,265.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$19,765.00	\$20,265.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$10,383.36	\$11,844.36	Candidates
7. Loans Made	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	\$10,383.36	\$11,844.36	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$10,383.36	\$11,844.36	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$52,463.64	To calculate Column B, add	A state of the sta
13. Cash Receipts Column A, Line 3 above	\$19,765.00	amounts in Column A to the corresponding amount	Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last	Andrews Barrens
15. Cash Payments Column A, Line 8 above	\$10,383.36	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$61,845.28	figures that should be subtracted from previous	Mayer As
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 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).	
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts	\$0.00		FPPC Form 460 (Janu FPPC Toll-Free Helpline: 866/ASK-FPPC (866/27

Schedule A **Monetary Contributions Received**

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

SCHEDULE A Statement covers period **CALIFORNIA FORM** 7/1/2015

12/31/2015 of 18 Page 4 through

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC

I.D. NUMBER 1245924

BUNFAC					}	1243324	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
7/17/2015	PG&E San Jose, Ca 95113	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,000.00	\$2,000.00		
8/13/2015	Classic Communities Palo Alto, Ca 94303	IND COM OTH PTY SCC		\$500.00	\$500.00		
8/19/2015	Landbank Investments Menlo Park, Ca 94025	IND COM OTH PTY SCC		\$2,000.00	\$2,000.00		
8/21/2015	Glenn Hendricks Sunnyvale, Ca 94087 Memo Reference: 1	IND COM OTH PTY SCC	OCCUPATION: City Councilmember EMPLOYER: Pay Pal	\$100.00	\$100.00		
8/21/2015	Sequoia Del Rev San Jose, Ca 95113	IND COM OTH PTY SCC		\$1,000.00	\$1,000.00		
SUBTOTAL \$							

Schedule A Summary

1. Amount received this period - itemized monetary contributions. \$19,765.00 (Include all Schedule A subtotals.) \$0.00 2. Amount received this period - unitemized monetary contributions of less than \$100 3. Total monetary contributions received this period. \$19,765.00

*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 FORM** 7/1/2015 from -12/31/2015 Page 5 through -

				-
NAME OF FILER SUNPAC				D.NUMBER 1245924
D. 75	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	DEG ELECTION

B I A	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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Newport Beach, Ca 92660	8/27/2015	Walnut Creek, Ca 94597	COM OTH PTY		\$1,000.00	\$1,000.00	
9/4/2015 Kalcic Properties, Inc IND COM OTH PTY \$100.00 \$100.00 9/4/2015 Toyota of Sunnyvale Sunnyvale, Ca 94087 IND COM OTH PTY \$200.00 \$200.00 8/29/2015 Sobrato Organization Cupertino, Ca 95014 IND COM OTH PTY \$500.00 \$500.00	8/27/2015	Newport Beach, Ca 92660	☐ COM OTH ☐ PTY		\$1,000.00	\$1,000.00	
9/4/2015 Toyota of Sunnyvale Sunnyvale, Ca 94087 COM OTH PTY SCC 8/29/2015 Sobrato Organization Cupertino, Ca 95014 Toyota of Sunnyvale \$200.00 \$200.00 \$200.00 \$500.00 \$500.00 \$500.00	9/4/2015		☐ COM OTH ☐ PTY		\$100.00	\$100.00	
Cupertino, Ca 95014	9/4/2015		□ IND □ COM ■ OTH □ PTY		\$200.00	\$200.00	
	8/29/2015		□ IND □ COM ■ OTH		\$500.00	\$500.00	

*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 $\frac{7/1/2015}{12/31/2015}$ Page $\frac{6}{18}$ of $\frac{18}{18}$

NAME OF FILER SUNPAC

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2015	DeAnza Building Los Altos, Ca 94022	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,000.00	\$2,000.00	
9/11/2015	Jay Paul Holdings San Francisco, Ca 94111	□ IND □ COM ■ OTH □ PTY □ SCC		\$2,000.00	\$2,000.00	
9/16/2015	Watt Investments Santa Monica, Ca 90405	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00	
9/15/2015	Standard Pacific Corp Pleasanton, Ca 94588	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$300.00	\$300.00	
9/19/2015	Hurley Contractors Inc. : Sacramento, Ca 95811	☐ 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	CALIFORNIA 400
from	FORM 40U
through	Page _7 of _18
	I.D. NUMBER

NAME OF FILER SUNPAC

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)
9/19/2015	610 Weddell-Sunnvvale LLC San Mateo, Ca 94404	□ IND □ COM ■ OTH □ PTY □ SCC		\$500.00	\$500.00	
9/19/2015	Nancy Smith Sunnyvale, Ca 94086	IND COM OTH PTY	OCCUPATION: Consultant/Engineer EMPLOYER: Nivida	\$100.00	\$100.00	
9/19/2015	Sunnyvale PSOA COMMITTEE ID: 990921	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00	
9/19/2015	Jude Barry Catapult Strategies Campbell, Ca 95008	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00	
9/19/2015	Tara Martin-Milius Sunnyvale, Ca 94085	IND COM OTH PTY SCC	OCCUPATION: City Councilmember EMPLOYER: City of Sunnyvale	\$100.00	\$100.00	
			CUDTOTAL &	100.00		

*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 4 CO
from	FORM 40U
through	Page 8 of 18
	I.D. NUMBER

NAME OF FILER SUNPAC

1245924

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)
Kelly Snider San Jose, Ca 95126	IND COM OTH PTY SCC	OCCUPATION: Consultant EMPLOYER: DR Horton	\$65.00	\$65.00	
David Wessel Sunnyvale, Ca 94087	IND COM OTH PTY SCC	OCCUPATION: Attorney Self-Employed BUSINESS: David Wessel Law	\$100.00	\$100.00	
Christopher Moylan Sunnyvale, Ca 94087	IND COM OTH PTY SCC	OCCUPATION: Teacher EMPLOYER: FURSD	\$100.00	\$100.00	
Laura Babcock Sunnyvale, Ca 94087	IND COM OTH PTY SCC	OCCUPATION: Retired EMPLOYER: Retired	\$100.00	\$100.00	
SummerHill Construction Sunnyvale, Ca 94087	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$2,000.00	\$2,000.00	
	(IF COMMITTEE, ALSO ENTER LD. NUMBER) Kelly Snider San Jose, Ca 95126 David Wessel Sunnyvale, Ca 94087 Christopher Moylan Sunnyvale, Ca 94087 Laura Babcock Sunnyvale, Ca 94087 SummerHill Construction	Kelly Snider	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Kelly Snider San Jose, Ca 95126 David Wessel Sunnyvale, Ca 94087 Christopher Moylan Sunnyvale, Ca 94087 Laura Babcock Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 CODE* CODE* CONTRIBUTOR CODE* (IF SELF-EMPLOYER, ENTER NAME OF BUSINESS) OCCUPATION: Consultant EMPLOYER: DR Horton COM OTH COM Self-Employed BUSINESS: David Wessel Law OCCUPATION: Attorney Self-Employed BUSINESS: David Wessel Law OCCUPATION: Teacher EMPLOYER: FURSD OCCUPATION: Retired EMPLOYER: Retired COM OTH COM COM COM COMPLOYER SCC SummerHill Construction Sunnyvale, Ca 94087	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Kelly Snider San Jose, Ca 95126 David Wessel Sunnyvale, Ca 94087 COM Sunnyvale, Ca 94087 Laura Babcock Sunnyvale, Ca 94087 Laura Babcock Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 CONTRIBUTOR (IF SCIENTE IND OCCUPATION: Consultant EMPLOYER: DR Horton OCCUPATION: Attorney Self-Employed BUSINESS: David Wessel Law Sunlyvale, Ca 94087 SOCC COM OTH PTY SCC Laura Babcock Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 SummerHill Construction Sunnyvale, Ca 94087 Socc SummerHill Construction Sunnyvale, Ca 94087 Soci SummerHill Construction Sunnyvale, Ca 94087 Soci SummerHill Construction Sunnyvale, Ca 94087	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOOMMITTEE, ALSO ENTER LD. NUMBER) COOPY CODE* CONTRIBUTOR CODE* CODE* COMMITTEE, ALSO ENTER LD. NUMBER) CONTRIBUTOR CODE* COMMITTEE, ALSO ENTER LD. NUMBER) COOPY CODE* COMMITTEE, ALSO ENTER LD. NUMBER) COMMITTEE, ALSO ENTER LD. NUMBER COMMITTEE,

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.

SCHED	ULE	B - P	ART	⁻ 1

CALIFORNIA

Statement covers period

NAME OF FLEX DUSTRIC PLIL NAME, STREET ADDRESS AND ZIP CODE FORMATISE, ALD DISTRICTION MARRIED FORMATISE, ALD DISTRIC						from	1/2015	FORM	
MAKE OF TILER SUPPACE FALL NAME, STREET ADDRESS AND DIP CODE OF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER OF COMMITTE, AJD ENTRY ILL MANAGE MAKE OF BRANCH OF PROD OCCUPATION AND EMPLOYER OF COMMITTE, AJD ENTRY ILL MANAGE MAKE OF BRANCH OF PROD OCCUPATION AND EMPLOYER OF RECEIVED THIS OCCUPATION AND EMPLOYER MAKE OF BRANCH OF PROD OCCUPATION AND EMPLOYER OF PROD OCCUPATION AND EMPLOYER OF PROD OCCUPATION AND EMPLOYER AND OCCUPATION AND EMPLOYER OF PROD OCCUPATION AND EMPLOYER AND OCCUPATION AND EMPLOYER AND OCCUPATION AND EMPLOYER OF PROD OCCUPATION AND EMPLOYER OCCUPATION						1	12/31/2015	Page 9	of
SCHOOLER (F COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW) FOR COMMETTER, AND ORTHOLD, MANNEW, M	NAME OF FILER							I.D. NUMBER	
FORGIVEN DATE DUE DATE NCURRED CALENDAR YEAR PER ELECTION** FORGIVEN DATE DUE DATE NCURRED CALENDAR YEAR FORGIVEN DATE DUE DATE NCURRED Column (b) plus unitermized loans of less than \$100.) Column (b) plus unitermized loans of less than \$100.) Loans received this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a hift party that are also thermized on Schedule A.) Net change this period (Subtract Line 2 from Line 1.)	OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE	RECEIVED THIS	OR FORGIVE	N BALANCE AT	PAID THIS	AMOUNT OF	CONTRIBUTIONS
PORGIVEN DATE DUE DATE INCURRED	antenia.				☐ PAID		%		CALENDAR YEAR
PAID CALENDAR YEAR CALENDAR YEAR PER ELECTION** PAID CALENDAR YEAR PER ELECTION** PER ELECT					FORGIVE	N	RATE		PER ELECTION**
## PER ELECTION** FORGIVEN	†□ IND □ COM □ OTH □ PTY □ SCC		\$1444 <u>.</u>			DATE DUE		DATE INCURRED	
FORGIVEN DATE DUE DATE INCURRED					☐ PAID		%		CALENDAR YEAR
CALENDAR YEAR PAID PAID PAID CALENDAR YEAR PER ELECTION** FORGIVEN DATE DUE DATE INCURRED					☐ FORGIVE	N	RATE		PER ELECTION**
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) (May be a regultive number) *Amounts forgiven or paid by another party also must be reported on Schedule A. *Amounts forgiven or paid by another party also must be reported on Schedule A.	†□ IND □ COM □ OTH □ PTY □ SCC			. <u> </u>	-	DATE DUE		DATE INCURRED	
Substotal \$ \$ \$ \$ Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A.					☐ PAID		%		CALENDAR YEAR
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.)					☐ FORGIVE	N	RATE		PER ELECTION**
Schedule B Summary 1. Loans received this period	†□ IND □ COM □ OTH □ PTY □ SCC		44,444,44			DATE DUE		DATE INCURRED	
Schedule B Summary 1. Loans received this period			SUBTOTAL	\$	\$	\$	\$		
Contributor Codes	Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. *Amounts forgiven or paid by another party also must be reported on Schedule A.	Loans received this period				\$	0.00	_		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.)	(Total Column (b) plus unitemized loans of less that	in \$100.)					*Con	tributor Codes	
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. *Amounts forgiven or paid by another party also must be reported on Schedule A.					<u>\$</u>	0.00	COM	- Recipient Cor (other than P	TY or SCC)
*Amounts forgiven or paid by another party also must be reported on Schedule A.	(Include loans paid by a third party that are also ite	mized on Schedule A.)				: :0 :00	PTY	- Òther (e.g., bւ - Political Party	usiness entity)
	Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Col	1.)umn A, Line 2.	_	••••••••	NEI <u>⊻</u>		-		
		st be reported on Schedule A.						EDDC I	-orm 460 (Jeouery/05)

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded

	SCHEDULE C
Statement covers period	CALIFORNIA 4 CO
from	FORM 46U
through	Page 10 of 18
	I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC 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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
Attach additional	information on appropriately labeled continuation	n sheets.	su	BTOTAL \$			

Schedule C Summary

1.	Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)		\$0.00	
2.	Amount received this period - unitemized nonmonetary contributions of less than \$100		\$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	\$0.00	

*Contributor Codes

IND - Individual

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

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{7/1/2015}{}$

through _

12/31/2015

california 460

SCHEDULE D

Page 11 of 18

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)
9/17/2015	Jerry Hill State Senator District 13t Jurisdiction: State Senate District Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	check #1405	\$2,500.00	\$2,500.00	2015 G: \$2,500.0
11/17/2015	<u> </u>	Monetary Contribution Nonmonetary Contribution Independent Expenditure	check #1408	\$2,500.00	\$2,500.00	
9/14/2015	Tara Martin-Milius Office Description: City CouncilJurisdiction: City City of Sunnyvale Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	check #1403	\$1,250.00	\$2,500.00	
			SUBTOTAL \$			

Schedule D Summary

NAME OF FILER

SUNPAC

1.	I. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$6,250.00
2	2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
		\$6,250.00
3.	3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	30,230.00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period from $\frac{7/1/2015}{12/31/2015}$ CALIFORNIA FORM 460 Page $\frac{12}{18}$ of $\frac{18}{18}$

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC I.D. NUMBER 1245924

CODES: If one of the following codes accurately described 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 of meetings OFC office exp PET petition of phone bat POL polling ar POS postage,	communication and appeara enses rculating nks d survey residelivery and	ons nces	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a	uction costs I meals and meals s of the same candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR D	ESCRIPTION	N OF PAYMENT	AMOUNT PAID
Secretary of Statet Room 495 Sacramento, Ca 95814		OFC	check #1409			\$50.00
American Express		FND	check #1407	Saj		\$749.81
Los Angeles, Ca 90096						
The Grand Hotel		FND	check 1406			\$2,793.55
Sunnyvale, Ca 94086	•					
* Payments that are contributions or independent expenditures must also be	e summarized on	Schedule D.		i in the second	SUBTO	OTAL \$
Schedule E Summary						
1. Itemized payment made this period. (Include all Schedule E subtotals.)	***************************************		***********************	**********		\$10,383.36
2. Unitemized payments made this period of under \$100	******	********				\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B	s, Part 1, Column (e).)	***************************************			\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here at						

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 $\frac{7/1/2015}{12/31/2015}$ Page $\frac{13}{12}$ of $\frac{18}{12}$

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER SUNPAC I.D. NUMBER 1245924

CODES: If one of the following codes accurately descr 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 mm MTG mm OFC off PET pe PHO ph POL po POS po PRO pri	ember communicati eetings and appear fice expenses etition circulating none banks olling and survey res	ons ances earch messenger services	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and p TRC candidate travel, lodging, TRS staff/spouse travel, lodging	es production costs and meals ng, and meals tees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	No.	CODE	OR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
Michael Carter #9 San Jose, Ca 95116		FND	check 1404		\$300.00
Tara Martin-Milius Sunnyvale, Ca 94085 COMMITTEE ID: 1338965		СТВ	check #1403		\$1,250.00
Jim Davis Sunnyvale, Ca 94086 COMMITTEE ID: 1339337		СТВ	check #1408		\$2,500.00
Jerry Hill for Senate Suite 303 San Mateo, Ca 94402 COMMITTEE ID: 1353750		СТВ	check #1405		\$2,500.00
Giovanni's Pizza Sunnyvale, Ca 94089		MBR	check #1402		\$225.00

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** 7/1/2015 from -12/31/2015 Page $\frac{14}{}$ of $\frac{18}{}$ through -I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC 1245924

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	MTG mee OFC offic PET petit PHO phor POL pollin POS post	essional services	inces	RAD radio airtime and product RFD returned contributions SAL campaign workers' salated TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between community voter registration WEB information technology of the staff of the staf	ries production costs g, and meals ing, and meals ittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	+1	CODE	DR E	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America Sunnyvale, Ca 94086		OFC	service charges		\$15.00

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period from $\frac{7/1/2015}{}$ CALIFORNIA FORM $\frac{12/31/2015}{}$ Page $\frac{15}{}$ of $\frac{18}{}$ 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.	MBR	member communications	RAD	radio airtime and production
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 airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	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 (IF COMMITTEE, ALSO ENTER I.D. 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 am contributions or independent expenditures must also be summarizad on Schedule D. minartzad on Schedule D.					

Schedule F Summary

1.	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	\$0.00
2.	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	\$0.00
	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$0.00

Schedule H **Loans Made to Others***

Type or print in ink. Amounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 4 CO
from	FORM 400
through	Page 16 of 18

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1245924 SUNPAC (a) OUTSTANDING (b) AMOUNT (d) OUTSTANDING BALANCE AT (e) INTEREST (f) ORIGINAL (g) CUMULATIVE (c) REPAYMENT OR IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER FORGIVENESS AMOUNT OF LOANS RECEIVED OF RECIPIENT LOANED THIS BALANCE (IF SELF-EMPLOYED, ENTER **BEGINNING THIS** LOAN TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD THIS PERIOD* CLOSE OF THIS NAME OF BUSINESS) PERIOD PERIOD ☐ PAID CALENDAR YEAR RATE PER ELECTION** FORGIVEN DATE DUE DATE INCURRED ☐ PAID CALENDAR YEAR RATE FORGIVEN PER ELECTION** DATE DUE DATE INCURRED *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must SUBTOTAL \$ also be reported on Schedule E. (Enter (e) on Schedule I, Line 3) **Schedule H Summary** \$0.00 1. Loans made this period (Total Column (b) plus unitemized loans of less than \$100.) \$0.00 2. Payments received on loans (Total Column (c) plus uniternized payments of less than \$100.) ** If required. Enter the net here and on the Summary Page, Column A, Line 7. (May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers per from $\frac{7/1/2015}{\text{through}}$	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC				I.D. NUMBER 1245924
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	D	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Schedule I Summary			SUBTO	TAL \$

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

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

\$0.00 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$0.00 Summary Page, Line 14.)

\$0.00

Memo Reference: 1 #FPPC#1245924 Memo Reference: 2 Major Donor