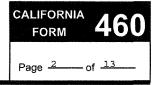
Recipient Committee Campaign Statement Cover Page	Tyı	pe or print in ink.	FEB 2	^{mp} CAL 2 27 2014	COVER PAGE LIFORNIA 001/02 FORM
(Government Code Sections 84200-84216.5)	Statement covers period from	Date of election if applicable: (Month, Day, Year) 6/3/2014	CITY CLEI CITY OF S	Pag RK'S OFFICE SUNNYVALE	ge <u>1</u> of <u>13</u> For Official Use Only
SEE INSTRUCTIONS ON REVERSE					
O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee	 Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 	 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below) 		Special	ly Statement Odd-Year Report nental 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 (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 DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CODE	AREA CODE/PHONE	СГТҮ	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@ac	l.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 .2/26/2014 Executed on	hat the foregoing is true and correct. By By By By By		sponsible Officer of Sponsor	true and complete.	
Executed on	Ву s	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	FPPC Toll-Free H	FPPC Form 460 (January/05) leipline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee Campaign Statement Cover Page - Part 2

6. Primarily Formed Ballot Measure Committee

COVER PAGE - PART 2



SUPPORT OPPOSE

SUPPORT OPPOSE

SUPPORT OPPOSE

SUPPORT OPPOSE

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
			HALL OF DELCT MENONE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF API	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling offic	eholder, candidate, or	state measure pro	oponent, if any.
Related Committees Not Included in this Statement: Lt	st any committees		NAME OF OFFICEHOLDER, CANDIDA	ATE, OR PROPONENT		
not included in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.	to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	, IF ANY
COMMITTEE NAME	I.D. NUMBER				антон на ток и на ток	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for wh			t names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CAND	IDATE OFFICE	SOUGHT OR HELD	
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE	SOUGHT OR HELD	
	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE	SOUGHT OR HELD	
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAND	DIDATE OFFICE	SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE		Attach	continuation sheets if I	necessary	

Campaign Disclosure Statement Summary Page	Type or pr Amounts may to whole	y be rounded	SUMMARY PAG Statement covers period from 1/1/2014 FORM 460
SEE INSTRUCTIONS ON REVERSE			through Page of
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	\$500.00	\$500.00	General Elections
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$500.00	\$500.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$500.00	\$500.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$3,328.73	\$3,328.73	Candidates
7. Loans Made	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$3,328.73	\$3,328.73	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$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 Add Lines 8 + 9 + 10	\$3,328.73	\$3,328.73	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$41,468.34	To calculate Column B, add	Amounts in this section may be different from amounts
13. Cash Receipts Column A, Line 3 above	\$500.00	amounts in Column A to the corresponding amount	reported in Column B.
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$3,328.73	Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$38,639.61	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 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 Add Line 2 + Line 9 in Column B above	\$0.00		FPPC Form 460 (January/C FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-37)

Schedul Monetar	e A y Contributions Received	A	Type or print in ink. mounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA FORM 460		
SEE INSTRUCTION NAME OF FILER SUNPAC	S ON REVERSE				om	Page <u>4</u> of <u>13</u> 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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)		
2/7/2014	ANNCA Domestic and International Relations Sunnyvale, Ca 94089	□ IND □ COM ■ OTH □ PTY □ SCC		\$500.00	\$500.00			
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC						
			SUBTOTAL \$					
Schedule A S 1. Amount rec (Include all	Summary eived this period - itemized monetary contributions. Schedule A subtotals.)		<u></u>	\$500.00	IND - I	ibutor Codes Individual - Recipient Committee		

\$0.00

3. Total monetary contributions received this period.

2. Amount received this period - unitemized monetary contributions of less than \$100

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

Schedule B - Part 1		Туре о	r print in ink.		****		SCHED	DULE B - PART 1
			may be rounded			ent covers period	CALIFORM	NIA ACO
Loans Received		to wh	ole dollars.		from	1/2014	FORM	460
					1011			
SEE INSTRUCTIONS ON REVERSE					through	2/26/2014	Page 5	of <u>13</u>
NAME OF FILER					••••••••••••••••••••••••••••••••••••••		I.D. NUMBER	
SUNPAC	a Ar Se Ara						1245924	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	NAME OF BUSINESS)	PERIOD			PERIOD			
								CALENDAR YEAR
						%		
				FORGIVEN				PER ELECTION**
		: .						
				<u> </u>	DATE DUE		DATE INCURRED	
								CALENDAR YEAR
		la de la companya de		-		%		
								PER ELECTION**
			+	<u> </u> 	DATE DUE		DATE INCURRED	
								CALENDAR YEAR
						RATE %		-
								PER ELECTION**
		SUBTOTAL	e	\$	DATE DUE	\$	DATE INCURRED	
		300101712	•	4	Ψ	(Enter (e) on		
Schedule B Summary						Schedule E, Line 3)		
-								
1. Loans received this period (Total Column (b) plus uniternized loans of less that				<u>\$0.</u>	D0	-	tributor Codes	
	Πψ100.)						· Individual	
2. Loans paid or forgiven this period			•••••	<u>\$0.</u>	00		- Recipient Co	
(Total Column (c) plus loans under \$100 paid or for (Include loans paid by a third party that are also iter						отн	(other than P - Other (e.g., bi	
				**		PTY	- Political Party	utor Committee
 Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu 				y be a negative number)		- Smail Contino		
	ATTO 1 1 ENG 2.			(
*Amounts forgiven or paid by another party also mus	t be reported on Schedule A.							
** If required.								Form 460 (January/05)
L		L				FPPC	Toil-Free Heipline: 866/	ASK-FPPC (866/275-3772)

Schedule Nonmone	C tary Contributions Recei	Type or print in ink. Amounts may be round to whole dollars.	ded	Statement cove	•	CALIFORNIA FORM 460			
SEE INSTRUCTIONS O	N REVERSE				from	2/26/2014 _		e <u>6</u> of <u>13</u>	
IAME OF FILER SUNPAC			аналанын дараанын көн бөлөн көн көн көн көн көн көн көн көн көн к				I.D. NUMBE 124592		
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	CALEND	ATIVE TO ATE PAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC		Ale Alexandria Alexandria					
<u> \ttach additional in</u>	nformation on appropriately labeled continuati	on sheets.	SL	JBTOTAL \$					
	mmary ed this period - itemized nonmonetary contribu hedule C subtotals.)			<u>\$0.00</u>		IND - I	ibutor Code ndividual Recipient	es Committee	
3. Total nonmone	ed this period - unitemized nonmonetary contr etary contributions received this period. nd 2. Enter here and on the Summary Page,					OTH - PTY -	(other tha Other (e.g. Political Pa	n PTY or SCC)	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Typ Amour to	Statement covers period from $\frac{1/1/2014}{2/26/2014}$		CALIFORNIA FORM 460			
SEE INSTRUCTION NAME OF FILER SUNPAC	INS ON REVERSE					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	CUMULATIN CALEND/ (JAN. 1 -		PER ELECTION TO DATE (IF REQUIRED)	
2/6/2014	Larry Stone Office Description: Santa Clara County AssessorJurisdiction: County Santa Clara County Assessor	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Check #1392	\$1,000.00	\$1,000.	00	2014 G: \$1,000.00	
	□ Support □ Oppose	Monetary Contribution						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$				
Schedule D	Summary			1986-1997				
1. Itemized o	contributions and independent expenditures made this period. (Incl	ude all Schedule D s	subtotals.)			<u>s</u>	1,000.00	
2. Unitemize	d contributions and independent expenditures made this period of	under \$100				<u>s</u>	0.00	
3. Total cont	ributions and independent expenditures made this period. (Add Lir	nes 1 and 2. Do not	enter on the Summary Page.)				51 , 000 . 00 PPC Form 460 (January/05)	

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

Set network in the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Set network period Column description Colu	Schedule E		Type or p	rint in ink.			SCHEDULE E
Set inder duals. Form Form Set instructions on keytense in Number of Lark from 1/1/2014 Page in Number of Lark Statistics In Number of Fuel Statistics in Number of Lark in Number of Lark in Number of Lark CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMF campaign parabernalismic. MBR member communications RAD radio airline and production CNS campaign consultants MTG meetings and appearances RAD campaign vorsits statutes CVC dvid constront PET potition circulating TEL to radio airline and production costs FND Indrading evonts Expenses SAL campaign dense in the same contributions RND regenetic expensions RED TEL to radio airline and production costs FND Indrading evonts Expenses SAL campaign dense in the same contributions RND regenetic expension RED TEL to radio airline and production costs FND Indrading evonts Expenses SAL TRAGE the basis FND potiensional services (legal, accounting) TES taitspose travel, loging, and meals FND potiensional services (legal, accounting) <th></th> <th></th> <th>Amounts ma</th> <th>ay be rounded</th> <th></th> <th>Statement covers period</th> <th></th>			Amounts ma	ay be rounded		Statement covers period	
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CNS campaign consultants MTG meetings and appearances RFD returned contributions CTS contribution (explain nonmonetary)* OFC office expenses SAL campaign worker's salaries CVC civic doinations PET petition circulating TEL two contributions FIL candidate filing/ballot fees PHO photo banks TRC candidate filing/and meals FND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messanger services TSF transfer between committees of the same candidate/sponsor ILC legal defense PRT print ads WEB Information technology costs (internet, e-mail) The rtransfer between committees of the same candidate/sponsor VOT voter registration VOT voter registration The rtransfer between committees of the same candidate/sponsor VOT voter registration VOT voter registration The rtransfer between committees of the same candidate/sponsor VOT voter registration VOT voter registration Static Clara, Ca 94087 PRD Check # 1391 Check # 1392 \$1,000.00 Memo Reference: 1 Joanthan Revise Subtrottal \$1,000.00 \$1,000.00 Summyvale, Ca 94087 Cteck # 1392			-	-			
CVC civic donations PET petition circulating TEL t.v. or cable altime and production costs FIL candidate filingballot fees PHO phone banks TRC candidate travel, lodging, and meals TND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TRC candidate travel, lodging, and meals TRC transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TRC transfer between committees of the same candidate/sponsor UIT campaign literature and mailings PRT print ads CODE OR DESCRIPTION OF PAYMENT AMOUNT PAD Memo: Reference: 1 Cone Cone #IDD Check #1390 \$1, 678.02 Santa Clara, Ca 94087 FND Check #1391 \$150.00 \$1, 000.00 Memo: Reference: 2 Cone Cras Check #1392 \$1, 000.00 Sumpvale, Ca 94087 Cras Cras Check # 1392 \$1, 000.00 ** Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBETOTAL \$ \$3, 328.73 2. Unitemized payment made this period (include all Schedule E subtata) S2.328.73 \$3.00						,	
FL candidate fling/ballot fees PHO phone banks TRC candidate flarval, lodging, and meals ND independent expenditure supporting/opposing others (explain)* POL polling and survey research TRS staff/spouse travel, lodging, and meals LEG legal defense POL polling and survey research TRS staff/spouse travel, lodging, and meals LIT campaign literature and mailings PRO professional services (legal, accounting) TSF Transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) The frank Rotel Santa Clara, Ca 94087 PND Check #1390 Check #1391 Meno Reference; 1 Jona+han Revee Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 Meno Reference; 2 Earry Stone Country Assessor CTB Check #1391 \$150.00 Sumyvale, Ca 94087 Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 Meno Reference; 2 Earry Stone Country Assessor Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 Meno Reference; 2 Earry Stone Country Assessor Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 Meno Reference; 2 Earry Stone Soutry Assessor Sinnyvale, Ca 94087 Sinnyvale, Ca 94087 <t< td=""><td>CTB contribution (explain nonmonetary)*</td><td>OFC office ex</td><td>penses</td><td></td><td>SAL</td><td>campaign workers' salaries</td><td></td></t<>	CTB contribution (explain nonmonetary)*	OFC office ex	penses		SAL	campaign workers' salaries	
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LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) Image: term of the descent set of the descent set of term	IND independent expenditure supporting/opposing others (explain)*	• -	•	-	TSF	transfer between committees of	of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER LD, NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID The "wand Hotel FND Check #1390 \$1,678.02 Santa Clara, Ca 94087 FND Check #1391 \$150.00 Memo Reference: 1 Jona*han Reyes FND Check #1391 \$150.00 Sunnyvale, Ca 94087 FND Check #1392 \$1,000.00 Memo Reference: 2 Earry Stone Country Assessor CTB Check # 1392 \$1,000.00 Sunnyvale, Ca 94087 CTB Check # 1392 \$1,000.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00	5	•		(legal, accounting)		0	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID The Grand Hotel FND Check #1390 \$1,678.02 Santa Clara, Ca 94087 FND Check #1391 \$1,678.02 Memo Reference: 1 Jona+han Reyes FND Check #1391 \$150.00 Sunnyvale, Ca 94087 FND Check #1391 \$150.00 Memo Reference: 2 FND Check #1392 \$1,000.00 Sunnyvale, Ca 94087 CTB Check # 1392 \$1,000.00 Sunnyvale, Ca 94087 CTB Check # 1392 \$1,000.00 Sunnyvale, Ca 94087 Sunnyvale, Ca 94087 Sunnyvale, Ca 94087 \$1,000.00 Sunnyvale, Ca 94087 State are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00 \$0.00	LIT campaign literature and mailings	PRT print ads	6 - 1	N 4.	WEB	information technology costs (internet, e-mail)
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Jona*han Reyes FND Check #1391 \$150.00 Sunnyvale, Ca 94087 Image: Comparison of the c							
Jona*han Reyes FND Check #1391 \$150.00 Sunnyvale, Ca 94087 Image: Comparison of the c	Mama Dafawayaa 1						
Sunnyvale, Ca 94087 Image: Ca 94087 Memo Reference: 2 Image: Ca 94087 Larry Stone County Assessor CTB Sunnyvale, Ca 94087 \$1,000.00 Sunnyvale, Ca 94087 \$1,000.00 COMMITTEE ID: 1360957 Image: Ca 94087 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1 1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00			FND	Check #1391			\$150.00
Memo Reference: 2 Larry Stone County Assessor CTB Check # 1392 \$1,000.00 Sunnyvale, Ca 94087 COMMITTEE ID: 1360957 CTB Check # 1392 \$1,000.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00							1
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Larry Stone County Assessor CTB Check # 1392 \$1,000.00 Sunnyvale, Ca 94087 COMMITTEE ID: 1360957 SUBTOTAL \$ \$1,000.00 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00							
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COMMITTEE ID: 1360957 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Subtrotal \$ Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	Larry Stone County Assessor		CIB	Check # 1392			\$1,000.00
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Schedule E Summary 1. Itemized payment made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	COMMITTEE ID: 1200321						
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1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00	* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTA						
1. Itemized payment made this period. (Include all Schedule E subtotals.) \$3,328.73 2. Unitemized payments made this period of under \$100 \$0.00	Schedule E Summary				······		
2. Unitemized payments made this period of under \$100	-	5.)					\$3,328.73

Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.				SCHEDULE E (ColStatement covers periodCALIFORNIAfrom $\frac{1/1/2014}{2/26/2014}$ FORM46through $\frac{2/26/2014}{2014}$ Page9of		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC					through	1.D. NUN 1245	1BER
CODES:If one of the following codes accurately descrCMPcampaign paraphernalia/misc.CNScampaign consultantsCTBcontribution (explain nonmonetary)*CVCcivic donationsFILcandidate filing/ballot feesFNDfundraising eventsINDindependent expenditure supporting/opposing others (explain)*LEGlegal defenseLITcampaign literature and mailings	MBRmember ofMTGmeetingsOFCoffice expPETpetition ofPHOphone basPOLpolling anPOSpostage,	communication and appeara penses irculating nks nd survey rese delivery and	ons nces	Other RAD RFD SAL TEL TRC TRS TSF VOT WEB	wise, describe the pays radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and produ candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction co I meals nd meal of the sa	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DES	CRIPTION	N OF PAYMENT		AMOUNT PAID
Miller & Olson, LLP Burlingame, Ca 94010		PRO	Check #1393			Ş	140.00
American Express Los Angeles, Ca 90096		FND	Check #1394			Ş	357.71
Bank of America Sunnyvale, Ca 94086	1994 N B B B B B B B B B B B B B B B B B B	OFC	service charge			ç	3.00
* Payments that are contributions or independent expenditures must also be	e summarized on t	Schedule D	J		SUBTO	DTAL \$	

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Cabadula E	Type or pr	int in ink		SCHEDULE F			
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may to whole	y be rounded		nt covers period	FORM 460		
			from	-	· · · · · · · · · · · · · · · · · · ·		
SEE INSTRUCTIONS ON REVERSE			through _	2/26/2014	Page <u>10</u> of <u>13</u>		
NAME OF FILER SUNPAC					D.NUMBER 1245924		
CODES: If one of the following codes accurately descr	ibes the payment, you r	nay enter the code	e. Otherwise, des	cribe the payme	ent.		
MPcampaign paraphernalia/misc.MBRmember communicationsRADradio airtime and productionNScampaign consultantsMTGmeetings and appearancesRFDreturned contributionsTBcontribution (explain nonmonetary)*OFCoffice expensesSALcampaign workers' salariesVCcivic donationsPETpetition circulatingTELt.v. or cable airtime and productionILcandidate filing/ballot feesPHOphone banksTRCcandidate travel, lodging, and mNDfundraising eventsPOLpolling and survey researchTRSstaff/spouse travel, lodging, and mNDindependent expenditure supporting/opposing others (explain)*POSpostage, delivery and messenger servicesTSFtransfer between committees ofEGlegal defensePROprofessional services (legal, accounting)VOTvoter registrationITcampaign literature and mailingsPRTprint adsWEBinformation technology costs (information technology costs (info							
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		
		Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.					
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. summarized on Schedula D. 	SUBTOTAL :	\$	ι β	\$	\$		
Schedule F Summary							
1. Total accrued expenses incurred this period. (Include all Schedule F, C accrued expenses of \$100 or more, plus total unitemized accrued expen	olumn (b) subtotals for nses under \$100.)			INCURRED TOTA	ALS \$0.00		

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

(May be a negative number)

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

\$0.00

\$0.00

Schedule H Loans Made to Others*		Type or print in ink. Amounts may be rounded to whole dollars.				ent covers period	ON LEW ON LA	SCHEDULE H
		10 Wil			from	/1/2014	FORM	400
					through	2/26/2014	- Page <u>11</u>	of <u>13</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER SUNPAC			****		·I	****	I.D. NUMBER 1245924	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. 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 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
						%		CALENDAR YEAR
in the second						RATE		PER ELECTION**
				· · · · · · · · · · · · · · · · · · ·	DATE DUE		DATE INCURRED	
						%		CALENDAR YEAR
						RATE		PER ELECTION**
				ana sa Nasa	DATE DUE	•	DATE INCURRED	-
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTAL	\$	\$	\$ N	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
 Loans made this period			••••	<u>\$0.</u>	00	-		
 Payments received on loans				<u>\$0.</u>	00			** If required.
 Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Colu 	1.) mn A, Line 7.				0 0 be a negative number)		

Schedule I		or print in ink.		SCHEDULE I
		may be rounded hole dollars.	Statement covers period	FORM 460
			from	
SEE INSTRUCTIONS ON F	REVERSE		through	Page <u>12</u> of <u>13</u>
NAME OF FILER SUNPAC				I.D. NUMBER 1245924
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION	OF RECEIPT	AMOUNT OF INCREASE TO CASH
			SUBTOTAL	\$
Schedule I Summ	nary			
	es to cash this period.		\$0.00	
	ases to cash of under \$100 this period.			_
	st received this period on loans made to others. (Schedule H, Column (e).)		A	_
4. Total miscellaned Summary Page,	ous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Line 14.)		TOTAL \$0.00	_

