

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

Statement covers period from 7/1/04 through 9/30/04

Date of election if applicable: 11-2-04

Page 1 of 1 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER 1245924

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

SUNPAC - Sunnyvale Chamber of Commerce

101 W. Olive Ave

Sunnyvale Calif 94086 408-736-4971

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS 408-736-1919 PECCBC@aol.com

Treasurer(s)

NAME OF TREASURER

PATRICIA E. CASTILLO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94089 408-734-0552

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 1, 2004

By Patricia E. Castillo Signature of Treasurer or Assistant Treasurer

Executed on Date

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

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

| | | |
|--------------------|----------|--------------|
| CALIFORNIA FORM | | 460 |
| Page | <u>2</u> | of <u>13</u> |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
N/A

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|--|---|
| COMMITTEE NAME <u>N/A</u> | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| | |
|--|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>13</u> | ID NUMBER <u>1245924</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sanjac - Sanjac Chamber of Commerce

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>22375 -</u> | \$ <u>22375 -</u> |
| 2. Loans Received Schedule B, Line 7 | \$ <u>0 -</u> | \$ <u>0 -</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>22375 -</u> | \$ <u>22375 -</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>255 -</u> | \$ <u>255 -</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>22630 -</u> | \$ <u>22630 -</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>7313.36</u> | \$ <u>7617.49</u> |
| 7. Loans Made Schedule H, Line 7 | \$ <u>0 -</u> | \$ <u>0 -</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>7313.36</u> | \$ <u>7617.49</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0 -</u> | \$ <u>0 -</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0 -</u> | \$ <u>0 -</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>7313.36</u> | \$ <u>7617.49</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

| | |
|---|--------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>7977.58</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>22375 -</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0 -</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>7313.36</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>23039.22</u> |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0 -

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents See instructions on reverse | \$ _____ |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Serpoo Sunnyvale Chamber of Commerce 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/27/04 | The SAUSEDO Company 69 LESTER AVE SAN JOSE, CALIF 95125 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| 8/27/04 | REP. NAT N Bolt Guy 1012 HORSE AVE #4 Sunnyvale, Ca. 94089 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| 8/27/04 | BRANDENBURG, Staedler, 1122 Willow St #200 SAN JOSE, CA- 95125 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,000 - | 2,000 - | |
| 8/27/04 | Toyota Sunnyvale 898 W. EL CAMINO REAL Sunnyvale, Ca. 94087 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 - | 250 - | |
| 8/27/04 | Sunnyvale Nursery 1485 Sunnyvale - Saratoga Rd Sunnyvale, Ca. 94087 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| SUBTOTAL \$ | | | | 2625 - | | |

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 22375 -
- Amount received this period - unitemized contributions of less than \$100 \$ 0 -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 22375 -

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT)

| | |
|---|-------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>5</u> of <u>13</u> | I.D. NUMBER <u>1245924</u> |

NAME OF FILER SNRPAC - Sunnyvale Chamber of Commerce

| 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) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/27/04 | MENLO Equities Lmg 2901 TAsiman Dr #220 SANTA CLARA, Ca 95054 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 10,000 - | 10,000 - | |
| 8/27/04 | CASA DE AMIGOS Invest 3424 CARSON ST #650 TORRANCE CA 90503 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,000 - | 2,000 - | |
| 8/27/04 | SAN JOSE ADVANTAGE Homes INC - SV 1260 PERSIAN DR Suite B1 Sunnyvale, Ca - 94089 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 - | 250 - | |
| 8/27/04 | GREENTEAM LANKER OF SV 625 CENTRAL ST. SAN JOSE, CA - 95112 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000 - | 1,000 - | |
| 8/31/04 | Tim & Yolanda Risch Sunnyvale, Ca - 94086 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ENGINEER NASA | 250 - | 250 - | |
| SUBTOTAL \$ | | | | 13,500 - | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)

| | |
|---|----------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>13</u> |

NAME OF FILER: SN PAC Sunnyvale Chamber of Commerce 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/31/04 | Info-Scan Technologies, 470 IVES TERRACE INC Sunnyvale Ca. 94087 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250 - | 250 - | |
| 8/31/04 | PLAZA del RAY 999 SERRATOGA AVE SAN JOSE, CA. 95129 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000 - | 1,000 - | |
| 8/31/04 | FOUR POINTS BY SHERATON 1250 LAKESIDE DR SUNNYVALE, CA. 94085 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000 - | 1,000 - | |
| 9/3/04 | KALCIC PROPERTIES 507 SYLVAN AVE MTVIEW, CA. 94041 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250. - | 250 - | |
| 9/3/04 | THE RIDING Group 99 ALHADDEN Blvd # 720 SAN JOSE, CA. 95113 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250. - | 250 - | |
| SUBTOTAL \$ | | | | 2750 - | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT)

| | |
|---|-------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>13</u> | I.D. NUMBER <u>1245924</u> |

NAME OF FILER: SUNPAC - Sunnyvale Chamber of Commerce

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/13/04 | LEONARD W. WILLIAMS - CPA 552 BORREGAS SUNNYVALE, CA 94085 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| 9/13/04 | TRI CITY Apt. ASSOC 980 - 9th St #2150 SACRAMENTO CA, 95814 ISSUES PAC #810013 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 - | 500 - | |
| 9/9/04 | PATRICIA FORREITER ATTORNEY AT LAW 333 W Maude Ave #201 Sunnyvale Ca 94085 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| 9/9/04 | Scott Ward Palo Alto, Ca - 94301 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Classic Community Palo Alto Developer | 125 - | 125 - | |
| 9/9/04 | Hill & Co Realtors 700 S Bernardo #101 Sunnyvale, Ca - 94089 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| SUBTOTAL \$ | | | | 1000 - | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT)

| | |
|---|-------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>13</u> | I.D. NUMBER <u>1245924</u> |

NAME OF FILER SUNPAC - Sunnyvale Chamber of Commerce

| 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) |
|---------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/1/04 | DUBROVNIK Associates 160 S. Murphy Ave Sunnyvale - 94086 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 125 - | 125 - | |
| 9/1/04 | CREPAC/BORPAL 525 S. Virgil Ave Los Angeles Ca - 90020 I.D. # 890106 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 - | 1000 - | |
| 9/9/04 | P.S.O.A P.O. Box 60372 S.F. Ca 94088 I.D. # 990921 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 - | 500 - | |
| 9/9/04 | ANTHONY SPITALERI Sunnyvale, Ca - 94086 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 125 - | 125 - | |
| 9/9/04 | Raymond & Kathryn Montalvo Sunnyvale, Ca - 94087 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | unemployed | 250 - | 250 - | |
| SUBTOTAL \$ 2000 - | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT)

| | |
|---|-------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>9</u> of <u>13</u> | I.D. NUMBER <u>1245924</u> |

NAME OF FILER SUNPAC - Sunnyvale Chamber of Commerce

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|--------------------|---|---|--|-----------------------------|---|--|
| <u>9/1/04</u> | <u>MICHAEL E KLEIN, CLU CHFC 1233 S. MARY AVE Sunnyvale, Ca - 94087</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>250 -</u> | <u>250 -</u> | |
| <u>9/1/04</u> | <u>W.M.A. PAC # 742422 455 Capitol Mall St #80 SACRAMENTO, Ca 95814</u> | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>125 -</u> | <u>125 -</u> | |
| <u>9/1/04</u> | <u>CECELIA S. BLACKMAN SAN JOSE, Ca. 95120</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Pres CEO Sr Chamber of Commerce St, Ca</u> | <u>125 -</u> | <u>125 -</u> | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | <u>500 -</u> | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
(other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>13</u> | I.D. NUMBER <u>1245924</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

SUNPAC - Sunnyvale Chamber of Commerce

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/9/04 | Sunnyvale C of Commerce 101 W. OLIVE Sunnyvale, Ca - 94086 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Wine & sodas 9/9/04 event | 145- | 145- | |
| 9/9/04 | STODDARD'S Brewhouse 111 S. Murphy Ave Sunnyvale, Ca 94086 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Beer 9/9/04 event | 110- | 110- | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 255-
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 255-

*Contributor Codes
IND - Individual
COM - Recipient Committee
(either than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor 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.

Statement covers period
from 7/1/04
through 9/30/04

CALIFORNIA FORM 460

Page 11 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC - Sunway Chamber of Commerce

I.D. NUMBER

1245924

| DATE | NAME OF CANDIDATE, OFFICE, 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) |
|-----------------|---|--|------------------------------|--------------------|---|------------------------------------|
| <u>7/17/04</u> | <u>Melinda Fox Cassell</u> <u>FPPC #1256115</u> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | <u>Check</u> <u>#1168</u> | <u>1,000 -</u> | <u>1,000 -</u> | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <u>9/1/04</u> | <u>Debra Alquist for Senate</u> <u>FPPC #1230006</u> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | <u>Check</u> <u>#1173</u> | <u>1,000 -</u> | <u>1,000 -</u> | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | <u>\$ 2,000 -</u> | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (include all Schedule D subtotals.) \$ 2,000 -
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ 2,000 -

**Schedule E
Payments Made**

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

| | | |
|---------------------------------------|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/04 | |
| through | 9/30/04 | Page 12 of 13 |
| NAME OF FILER | | I.D. NUMBER |
| SUN-PAC Sunnyvale Chamber of Commerce | | 1245924 |

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CNP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| 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 |
| HL 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 PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER) | CODE | CR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|--|-------------|
| EVENTS of Excellence 743 S. Wolfe Rd Sunnyvale, CA - 94086 | FND | | # 1169 - 8/13/04 - 150 - # 1171 - 9/2/04 - 4,088.80 | 4,238.80 |
| RIPHAGRAPHS 1294 ANNIWOOD CT SUNNYVALE, CA - 94089 | FND | | # 1170 - 9/1/04 - 940.61 | 940.61 |
| SPEEDPRO SIGNS Plus 903 E. EL CAMINO Real #4 MT VIEW, CA - 94040 | FND | | # 1172 - 9/1/04 - 133.95 | 133.95 |

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

SUBTOTAL \$ 5313.36

Schedule E Summary

| | |
|--|------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 7313.36 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 7313.36 |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/04</u> through <u>9/30/04</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>13</u> |
| | I.D. NUMBER <u>1245924</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF PAYER
SNPPAC Sunnyvale Chamber of Commerce

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

- | | | |
|---|---|---|
| CMF campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RPD 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 |
| FL 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 |
| LES 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|------------------------|----------------|
| <u>MEHINDA for Council Sunnyvale 563 S. Taaffe Sunnyvale, Calif 94086 FPPC #1256115</u> | <u>CTB</u> | <u>Check # 1168</u> | <u>1,000 -</u> |
| <u>Elaine Alquist for State Senate P.O. Box 4192 #1B th West SANTA CLARA, Calif - 95052 FPPC # 1230006</u> | <u>CTB</u> | <u>Check # 1173</u> | <u>1,000 -</u> |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 2,000 -