

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

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CITY CLERK'S OFFICE
CITY OF SUNNYVALE

CALIFORNIA
2001/02
FORM

460

Page 1 of 13

For Official Use Only

| | |
|---|---|
| <p style="text-align: center; font-weight: bold;">Statement covers period</p> <p>from <u>1/1/2014</u></p> <p>through <u>2/26/2014</u></p> | <p style="text-align: center; font-weight: bold;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>6/3/2014</u></p> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

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

| | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

| | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

| | |
|--|------------------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SUNPAC | I.D. NUMBER 1245924 |
| STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE SUNNYVALE CA 94089 (408) 734-0552 | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |
| OPTIONAL: FAX / E-MAIL ADDRESS (408) 745-1391 / peccbc@aol.com | |

Treasurer(s)

NAME OF TREASURER
 Patricia 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
 Treasurer: (408) 745-1391 / peccbc@aol.com

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 <u>2/26/2014</u> <small>Date</small> | By <u>Patricia Castillo</u> <small>Signature of Treasurer or Assistant Treasurer</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE _____

| | | |
|----------------------|--------------|---|
| 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 Candidate/Officeholder 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>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>13</u> |
| I.D. NUMBER 1245924 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| Contributions Received | | |
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$500.00 | \$500.00 |
| 2. Loans Received <i>Schedule B, Line 3</i> | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$500.00 | \$500.00 |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$500.00 | \$500.00 |

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 | _____ | _____ |

| | Column A | Column B |
|--|------------|------------|
| Expenditures Made | | |
| 6. Payments Made <i>Schedule E, Line 4</i> | \$3,328.73 | \$3,328.73 |
| 7. Loans Made <i>Schedule H, Line 3</i> | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$3,328.73 | \$3,328.73 |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | \$0.00 | \$0.00 |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$3,328.73 | \$3,328.73 |

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 |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |

| Current Cash Statement | |
|--|-------------|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$41,468.34 |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | \$500.00 |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | \$0.00 |
| 15. Cash Payments <i>Column A, Line 8 above</i> | \$3,328.73 |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$38,639.61 |

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

To calculate Column B, add amounts in Column A to the corresponding amount 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).

| | |
|--|--------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$0.00 |
|--|--------|

| Cash Equivalents and Outstanding Debts | |
|--|--------|
| 18. Cash Equivalents <i>See instructions on reverse</i> | \$0.00 |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$0.00 |

Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|-------------------------|------------------------|
| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 2/7/2014 | ANNCA Domestic and International Relations Sunnyvale, Ca 94089 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | |
| | | <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 | | | | |
| | | <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 \$ | | | | | | |

Schedule A Summary

| | |
|---|-----------------------|
| 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) | \$500.00 |
| 2. Amount received this period - unitemized monetary contributions of less than \$100 | \$0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$500.00 |

| |
|--|
| *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 B - Part 1
Loans Received**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|-------------------------|------------------------|
| NAME OF FILER SUNPAC | I.D. NUMBER 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 NAME OF BUSINESS) | (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 |
|--|--|--|------------------------------------|---|-----------------------------------|--|----------------------------------|--------------------------------|---|
| | | | | <input type="checkbox"/> PAID | <input type="checkbox"/> FORGIVEN | | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID | | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR |
| | | | | <input type="checkbox"/> FORGIVEN | | | | | PER ELECTION** |
| | | | | | | | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID | | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR |
| | | | | <input type="checkbox"/> FORGIVEN | | | | | PER ELECTION** |
| | | | | | | | | | |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID | | DATE DUE | RATE % | DATE INCURRED | CALENDAR YEAR |
| | | | | <input type="checkbox"/> FORGIVEN | | | | | PER ELECTION** |
| | | | | | | | | | |
| SUBTOTAL \$ | | | | | | | | | |

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

| | |
|---|--------------------------------------|
| 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) | \$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.) | \$0.00 |
| 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. | \$0.00 (May be a negative number) |

***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

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|-------------------------|------------------------|
| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <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 | | | | | |
| | | <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

| | |
|--|--------------|
| 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**

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

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>13</u> |
| I.D. NUMBER 1245924 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUNPAC

| DATE | NAME OF CANDIDATE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|------------------------------|-----------------------|---|--|
| 2/6/2014 | Larry Stone Office Description: Santa Clara County Assessor Jurisdiction: County Santa Clara County Assessor | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Check #1392 | \$1,000.00 | \$1,000.00 | 2014 G: \$1,000.00 |
| | <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 | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- | | |
|--|-------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | <u>\$1,000.00</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | <u>\$0.00</u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | <u>\$1,000.00</u> |

**Schedule E
Payments Made**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>13</u> |
| 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| The Grand Hotel Santa Clara, Ca 94087 | FND | Check #1390 | \$1,678.02 |
| <u>Memo Reference: 1</u> Jonathan Reyes Sunnyvale, Ca 94087 | FND | Check #1391 | \$150.00 |
| <u>Memo Reference: 2</u> Larry Stone County Assessor 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 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | \$3,328.73 |

**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 <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC

I.D. NUMBER
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. | 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Miller & Olson, LLP Burlingame, Ca 94010 | PRO | Check #1393 | \$140.00 |
| American Express Los Angeles, Ca 90096 | FND | Check #1394 | \$357.71 |
| Bank of America Sunnyvale, Ca 94086 | OFC | service charge | \$3.00 |
| | | | |
| | | | |

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

SUBTOTAL \$

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>13</u> |
| 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTAL \$ | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D, summarized 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 |
| 3. 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 (May be a negative number) |

**Schedule H
Loans Made to Others***

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

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2014</u> through <u>2/26/2014</u> | CALIFORNIA FORM 460 |
| | Page <u>11</u> of <u>13</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC

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 |
|--|--|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | | | CALENDAR YEAR PER ELECTION** |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | SUBTOTAL | \$ | \$ | \$ | \$ | |

*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.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- 1. Loans made this period \$0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- 2. Payments received on loans \$0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- 3. Net change this period. (Subtract Line 2 from Line 1.)NET \$0.00
Enter the net here and on the Summary Page, Column A, Line 7.
(May be a negative number)

** If required.

Memo Reference: 1
Event 1/16/2014

Memo Reference: 2
Event 1/16/2014
