

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 2003 JUL 11 A 10:45	CALIFORNIA 2001/02 FORM 460
	Page <u>11</u> of <u>17</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	Date of election if applicable (Month, Day, Year)
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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"/> Ballot Measure Committee <input type="radio"/> Primarily Formed <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee <input checked="" type="checkbox"/> 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 type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER 1245924

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

STREET ADDRESS (NO P.O. BOX)
101 W. OLIVE AVE

CITY SUNNYVALE STATE CA ZIP CODE 94086 AREA CODE/PHONE 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 Sunnyvale STATE Ca ZIP CODE 94089 AREA CODE/PHONE 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 <u>July 11, 2003</u> Date	By <u>Patricia Castillo</u> 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 Contributing Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>17</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 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. Ballot Measure Committee

NAME OF BALLOT MEASURE
N/A

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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>1-1-03</u>	CALIFORNIA FORM 460
through <u>6-30-03</u>	
Page <u>3</u> of <u>17</u>	I.D. NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC

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>17,950 -</u>	\$ _____
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>17,950 -</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>485 -</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>18,435 -</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	\$ <u>17,950 -</u>	\$ _____
21. Expenditures Made	\$ <u>6,332.75</u>	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>6,332.75</u>	\$ _____
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,332.75</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,332.75</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 15	\$ <u>6651.77</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>17,950. -</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>(56.78)</u>
15. Cash Payments Column A, Line 8 above	\$ <u>6332.75</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>18212.24</u>

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).

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

*Since January 1, 2001, 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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>17</u>
	I.D. NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)
<u>7/17/03</u> <u>7/7/03</u>	<u>LE Boulanger</u> <u>305 N. Mathilda AVE</u> <u>Sunnyvale, Ca 94085</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u> <u>500 -</u>	<u>1,000 -</u>	
<u>1/7/03</u>	<u>Castillo & Castillo Landscape</u> <u>1081 Lakebird Dr</u> <u>Sunnyvale Ca. 94089</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u>	<u>500 -</u>	
<u>6/13/03</u>	<u>Tri County Apt. Assoc.</u> <u>792 MERIDIAN WAY STE A</u> <u>SAN JOSE, CA - 95126 JD # 810013</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>250 -</u>	<u>250 -</u>	
<u>6/13/03</u>	<u>ROBERT D. BURNETT</u> <u>Sunnyvale, Ca. 98047</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Self-employed</u> <u>Retired</u> <u>Doctor</u> <u>ROBER Burnett</u> <u>821 Logan Sr.</u>	<u>125 -</u>	<u>125 -</u>	
<u>6/13/03</u>	<u>Plaza Del Rey</u> <u>999 Saratoga AVE</u> <u>SAN JOSE, Ca - 95129</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000 -</u>	<u>1,000 -</u>	

SUBTOTAL \$ 2875 -

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 17,950 -
- 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 \$ 17,950 -

*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>1-1-03</u> through <u>6-30-03</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>17</u>		
I.D. NUMBER <u>1245924</u>		

NAME OF FILER

SUN PAC

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)
<u>6/13/03</u>	<u>HILL & Co. REALTORS 700 SOUTH BERNARDO #101 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>6/13/03</u>	<u>GREEN TEAH ZANKER 1333 OAKLAND RD SAN JOSE, Ca - 95112</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000 -</u>	<u>1,000 -</u>	
<u>6/13/03</u>	<u>Lynn Ofstad Miller Sunnyvale, Ca 94087</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>625 -</u>	<u>625 -</u>	
<u>6/11/03</u>	<u>Leonard W. Williams CPA. Sunnyvale, Ca - 94086</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Leonard W. Williams A Professional Corp 455 S. Mathilda Sunnyvale, Ca 94086</u>	<u>125 -</u>	<u>125 -</u>	
<u>6/11/03</u>	<u>Madison Forbes Group LLC 300-1st St #340 SAN JOSE, Ca 95113</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>125 -</u>	<u>125 -</u>	
SUBTOTAL \$				<u>2125 -</u>		

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IND - Individual
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(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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>17</u>
	ID NUMBER <u>1245924</u>

NAME OF FILER

SUN PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
<u>6/11/03</u>	<u>ALLYSON HANDLEY SANTA CLARA, Ca-95050</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>President Cogswell College 1175 Bordeaux Dr Sunnyvale Ca 94089</u>	<u>125 -</u>	<u>125 -</u>	
<u>6/3/03</u>	<u>Wyant & Smith Funeral Home 174 N. Sunnyvale Ave Sunnyvale, Ca - 94086</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>6/3/03</u>	<u>Barry Swenson Builder Green Valley Corp 777 N First St #500 SAN JOSE, Ca - 95112</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u>	<u>500 -</u>	
<u>6/17/03</u>	<u>Sequoia H&M 99 Almaden Blvd #565 SAN JOSE, Ca - 95113</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000 -</u>	<u>1,000 -</u>	
<u>6/17/03</u>	<u>Visage Consulting 1023 Rockrose Ave Sunnyvale, Ca - 94086</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>125 -</u>	<u>125 -</u>	
SUBTOTAL \$				<u>2000 -</u>		

*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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>17</u>
I.D. NUMBER <u>1245924</u>	

NAME OF FILER
SUNPAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
6/17/03	SPECIALTY Solid Waste & Recycling 3355 THOMAS RD 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		500 -	500 -	
6/17/03	BANK of America - Calif 600 Peachtree St #1500 ATLANTA, Geo-30308 CID #99-0697	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	500 -	
6/17/03	Debbie Lyn's Costumes 954 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		125 -	125 -	
6/17/03	TRUCK N TRAVEL, Inc. P.O. Box 2619 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 -	
6/17/03	MENLO Equities Development 490 California 4th Floor Palo Alto, Ca - 94306	<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 -	
SUBTOTAL \$				<u>2250 -</u>		

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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>1-1-03</u>	CALIFORNIA FORM 460
through <u>6-30-03</u>	
Page <u>8</u> of <u>17</u>	
ID NUMBER <u>1245924</u>	

NAME OF FILER SUN PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
6/17/03	Michael E. Klein, CLU, ChFC Sunnyvale, Ca - 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Klein Ins OWNER - STATE FARM 1233 S Mary St, Ca - 94087	250 -	250 -	
6/17/03	Casa De Amigos Investment 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		1,000 -	1,000 -	
6/17/03	REP 1012 Morse Ave Ste 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 -	
6/17/03	Info-Scan Technologies, Inc 470 Ives Terr 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 -	
6/17/03	MIKE KEIRSTEAD SAN JOSE, CA - 95127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATE Farm Ins 901 S. White Rd SAN JOSE, CA AGENT 95127	125 -	125 -	
SUBTOTAL \$				<u>1625-</u>		

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(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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>17</u>
	I.D. NUMBER <u>1245924</u>

NAME OF FILER
SUNPAC

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)
6/19/03	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 Firefighter	125 -	125 -	
6/19/03	CHARLES L. STOWELL Sunnyvale, Ca - 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retailer	250 -	250 -	
6/19/03	Pat Vorreiter for City Coun. 937 Aster Ct Sunnyvale, Ca 94086 <u>DD</u> <u>295-0474</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125 -	125 -	
6/19/03	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		1,500 -	1,500 -	
6/19/03	Martin A. KASIK Cupertino, Ca - 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARROW Realty 150 Aries Way SV, Ca - 94086 OWNER	125 -	125 -	
SUBTOTAL \$				2125 -		

*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>1-1-03</u> through <u>6-30-03.</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>17</u>
	ID NUMBER <u>1245924</u>

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
<u>6/19/03</u>	<u>Randal A OKAMURA SAN JOSE, Ca - 95126</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>SBC Calif 754 the Alameda S.J - 95126 Director</u>	<u>125-</u>	<u>125-</u>	
<u>6/19/03</u>	<u>Brandenburg, Staedler & Moore 1122 Willow St #200 SAN JOSE, Ca. 95125</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>1,000 -</u>	<u>1,000 -</u>	
<u>6/19/03</u>	<u>Dubrovnik Associates, Inc 100 S. Murphy Ave #102 Sunnyvale Ca - 94086</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>6/19/03</u>	<u>Michael F. Hawkes SANTA CLARA, Ca - 95051</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Fremont Union High School Dist Fremont Ave Sr. Co - 94087 TEACHER</u>	<u>125 -</u>	<u>125 -</u>	
<u>6/19/03</u>	<u>Michael E. Fox Jr SARATOGA, Ca - 95070</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>CEO - President M.E. Fox, Inc 128 Component D SAN JOSE 95131</u>	<u>125 -</u>	<u>125 -</u>	
SUBTOTAL \$				<u>1625-</u>		

*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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>17</u>
I.D. NUMBER <u>1245924</u>	

NAME OF FILER SUNPAC

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)
6/19/03	TERRY Blumenthal & Associates 478 S. Frances St. Sunnyvale, Ca - 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125 -	125 -	
6/19/03	QAL-West Towing 970 W. Evelyn Sunnyvale, Ca - 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	500 -	
6/19/03	THE Flower Cottage 465 N. Wolfe Rd. Sunnyvale, Ca - 94085	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 -	100 -	
6/19/03	CAMBRIDGE MANAGEMENT 2975 SCOTT Blvd #200 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		125 -	125 -	
6/19/03	THE SAUSEDO Company 69 LESTER AVE 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		250 -	250 -	
SUBTOTAL \$				1100 -		

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OTH - Other
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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>1-1-03</u>	CALIFORNIA FORM 460
through <u>6-30-03</u>	
Page <u>12</u> of <u>19</u>	
ID NUMBER <u>1245924</u>	

NAME OF FILER
SUNPAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
6/19/03	DENNIS C. MARTIN SAN JOSE, Ca - 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Sausedo Co 69 Lester Ave SAN JOSE, Ca	125-	125-	
6/19/03	PATRICIA E. SAUSEDO SAN JOSE, Ca. 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Sausedo Co 69 Lester Ave San Jose, Ca 95125	125-	125-	
6/19/03	JUDITH S. Dupont 150 W. Iowa Ave #102 Sunnyvale Ca - 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AGENT - STATE FARM 150 W IOWA AVE Sunnyvale, Ca - 94086	125-	125-	
6/26/03	De ANZA Office Center 920 W. Fremont Ave 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-	
6/26/03	Rod Diridon Jr. SANTA CLARA, Ca - 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of SANTA CLARA Council member SANTA CLARA, Ca	100-	100-	
SUBTOTAL \$				725-		

*Contributor Codes
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(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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>17</u>
	I.D. NUMBER <u>1245924</u>

NAME OF FILER
SUNPAC

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)
<u>6/26/03</u>	<u>Woodmont REAL ESTATE 1050 RALSTON AVE BELMONT, Ca. 94002</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u>	<u>500 -</u>	
<u>6/26/03</u>	<u>HERMAN CHRISTENSEN & SONS 801 AMERICAN ST SAN CARLOS Ca. 94070</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u>	<u>500 -</u>	
<u>6/30/03</u>	<u>ESSEX Portfolio L.P. 925 E. MEADOW DR PALO ALTO, CA 94303</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>500 -</u>	<u>500 -</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>1500 -</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>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>17</u>	ID NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUN PAC

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)
<u>6/19/03</u>	<u>Sunnyvale CHAMBER of Commerce 101 W. Olive St Sunnyvale, Ca - 94086</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>Wine for 6/19/03 Fund Raised</u>	<u>115-</u>		
<u>5/12/03</u>	<u>THE SAUSEDO COMP 69 LESTER AVE SAN JOSE, CA 95125</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>Postage for 6/19/03 Invitations</u>	<u>370-</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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 485-

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 485-
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$ 485-

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>15</u> of <u>17</u>	ID NUMBER <u>1245924</u>

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 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 |
| 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 LC, NR/ADLP)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Candelari Communications, Inc. 1270 Oakmead Parkway #314 Sunnyvale, Ca - 94086	MBR	message to communicate to BUSINESS Community CR#1152 - 6/23/03	450 -
ALPHAgraphics 1294 ANNEWOOD Ct. Sunnyvale, Ca - 94089	FND	Invitations - 6/19/03 EVENT CR#1150 - 5/12/03	1262.95
Jazzfood 162 SAN LAZARO Sunnyvale Ca - 94086	FND	food for 6/19/03 EVENT CR#1151 - 6/19/03	4436.53

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

SUBTOTAL \$ 6089.48

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>6332.75</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>6332.75</u>

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

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

SCHEDULE E (CONT)

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>16</u> of <u>17</u>	I.D. NUMBER <u>1245924</u>

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 costs |
| CNS campaign consultants | MIG 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 | TRP staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TST 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
<u>ATAJ PORTABLE SERVICES 1601 Lana Way HOLLISTER, CA-95023</u>	<u>FND</u>	<u>ADA Handicap Unit HANDWASH SINKS CK# 1154- 6/25/03</u>	<u>132.30</u>
<u>CECELIA S. BLACKMAN 101 W. OLIVE SUNNYVALE, CA 94086</u>	<u>FND</u>	<u>Ribbon, badges for 6/19/03 EVENT CK# 1153 6/25/03</u>	<u>110.97</u>

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

SUBTOTAL \$ 243.27

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
 from 1-1-03
 through 6-30-03

CALIFORNIA
FORM 460

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

SUNPAC

ID. NUMBER

1245924

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER ID NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>4/10/03</u>	<u>BANK of AMERICA</u> <u>444 S. MATHILDA AVE</u> <u>Sunnyvale, Ca- 94086</u>	<u>CHECKS Printed</u>	<u><28.23></u>
<u>5/12/03</u>		<u>Deposits Slips</u>	<u><21.05></u>
<u>1/8/03</u>		<u>S. Charge</u>	<u><7.50></u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

<56.78>

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ <56.78>
- Unitemized increases to cash under \$100 this period. \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** <56.78>