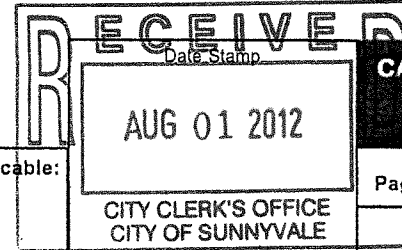


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



OVER PAGE

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

Statement covers period
from 01/01/2012
through 06/30/2012

Date of election if applicable:
(Month, Day, Year)

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
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1319746

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

Sunnyvale Employees Association PAC

STREET ADDRESS (NO P.O. BOX)

2730 LaSalle Drive
CITY STATE ZIP CODE AREA CODE/PHONE

Mountain View, CA 94040-4417 650-968-6238

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

20 Galli Drive, Suite A
CITY STATE ZIP CODE AREA CODE/PHONE

Novato, CA 94949-5731

OPTIONAL: FAX / E-MAIL ADDRESS

415-884-5501

Treasurer(s)

NAME OF TREASURER

Nancy L. Warren

MAILING ADDRESS

20 Galli Drive, Suite A
CITY STATE ZIP CODE AREA CODE/PHONE

Novato, CA 94949-5731 415-884-5500

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 7/31/12
Date

Executed on 7/30/12
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By Pamela J. Dennis, Vice President
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

NAME OF TREASURER

CONTROLLED COMMITTEE? YES 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? YES 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

SUPPORT 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

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

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

Statement covers period
from 01/01/2012
through 06/30/2012

CALIFORNIA
FORM

460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sunnyvale Employees Association PAC

L.D. NUMBER

1319746

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

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

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$	0.00
2. Loans Received	Schedule B, Line 3	\$	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	0.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	(if subject to Voluntary Expenditure Limit)	\$	_____
Total to Date	Date of Election (mm/dd/yy)	\$	_____

6. Payments Made	Schedule E, Line 4	\$	96.00
7. Loans Made	Schedule H, Line 3	\$	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	96.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3	\$	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	96.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	2,378.62
13. Cash Receipts	Column A, Line 3 above	\$	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	96.00
15. Cash Payments	Column A, Line 8 above	\$	96.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,378.62

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	0.00
18. Cash Equivalents	See instructions on reverse	\$	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	0.00

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).

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

Schedule C Nonmonetary Contributions Received

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

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SCHEDULE C

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2012
through 06/30/2012

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NAME OF FILER
Sunnyvale Employees Association PAC

I.D. NUMBER
1319746

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2012	Sunnyvale Employees Association 650 West Olive Avenue Sunnyvale, CA 94086-0000	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Administrative expenses paid by sponsor: \$224.89	0.00	0.00	0.00
		<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					
SUBTOTAL \$							0.00

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

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

Statement covers period

from 01/01/2012

through 06/30/2012

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SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

sunnyvale Employees Association PAC

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

- QMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TFC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL \$

0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0.00
2. Unitemized payments made this period of under \$100 \$ 96.00
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.) **TOTAL \$** 96.00

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0.00
- 2. Unitemized increases to cash of under \$100 this period. \$ 96.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 96.00**

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Sunnyvale Employees Association PAC

I.D. NUMBER
 1319746

Statement covers period
 from 01/01/2012 through 06/30/2012

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

**Schedule I
 Miscellaneous Increases to Cash**