

Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE

2004 JAN - 7 P 12:03

Statement covers period from 10-1-03 through 12-31-03

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

Page 1 of 8

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 - Attach Form 495

I. Committee Information

I.D. NUMBER 1245924

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

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 PECOB@cal.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

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 Jan 5, 2004 Date

Executed on Date

Executed on Date

Executed on Date

By Patricia E. Castillo Signature of Treasurer or Assistant Treasurer

By 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

**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>8</u>	

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE <u>N/A</u>			
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 <u>N/A</u>		
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>10-1-03</u>	CALIFORNIA FORM 460
through <u>12-31-03</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC - Sunnyvale CHAMBER of COMMERCE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions Schedule A, Line 3	\$ <u>11,500.00</u>	\$ <u>30,950.00</u>
Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>11,500.00</u>	\$ <u>30,950.00</u>
Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>11,500.00</u>	\$ <u>30,950.00</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
Payments Made Schedule E, Line 4	\$ <u>18,746.75</u>	\$ <u>29,263.28</u>
Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>18,746.75</u>	\$ <u>29,263.28</u>
Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
J. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>645.88</u>
I. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>18,746.75</u>	\$ <u>29,909.16</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

Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>15,528.46</u>
3. Cash Receipts Column A, Line 3 above	\$ <u>11,500.00</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
5. Cash Payments Column A, Line 8 above	\$ <u>18,746.75</u>
5. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,281.71</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</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).

Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ <u>0</u>
9. 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.

Statement covers period
from 10-1-03
through 12-31-03

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SUNPAC - 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)
<u>10/24/03</u>	<u>MENLO EQUITIES MGMT Co 2901 TASHMAN Dr. # 220 SANTA CLARA, CA 95054</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>4000 -</u>		
<u>11/25/03</u>	<u>MENLO EQUITIES MGMT Co 2901 TASHMAN Dr #220 SANTA CLARA, Ca 95054</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>5000 -</u>	<u>9000 -</u>	
<u>12/5/03</u>	<u>TRI - County APARTMENT 792 MERIDIAN Way SJ, Ca - 95126 J.W. #810013</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>2500 -</u>	<u>2750 -</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 \$ 11,500 -

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 11,500 -
- 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 \$** 11,500 -

*Contributor Codes
IND - individual
COM - Recipient Committee
(other 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.

SCHEDULE D

Statement covers period from <u>10-1-03</u>	CALIFORNIA FORM 460
through <u>12-31-03</u>	
Page <u>5</u> of <u>8</u>	I.D. NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC - Sunnyvale CHAMBER of COMMERCE

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>10/22/03</u>	<u>RE-ELECT TIM RISC# Sunnyvale - #7 J.W. #990563</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>ck # 1160</u>	<u>5,000 -</u>	<u>6,000 -</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<u>10/27/03</u>	<u>RE-ELECT TIM RISC# Sunnyvale - #7 J.W. #990563</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>ck # 1161</u>	<u>4,000 -</u>	<u>10,000 -</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<u>10/28/03</u>	<u>ELECT OTTO LEE Sunnyvale - #5 J.W. #1245607</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>ck # 1162</u>	<u>7,500 -</u>	<u>8,500 -</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				<u>16,500 -</u>		

Schedule D Summary

Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ <u>18,500 -</u>
Unitemized contributions and independent expenditures made this period of under \$100	\$ <u>0 -</u>
Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$ <u>18,500 -</u>

Schedule D
 (Continuation Sheet)
 Summary of Expenditures
 Supporting/Opposing Other
 Candidates, Measures and Committees

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

SCHEDULE D (CONT)

Statement covers period from <u>10-1-03</u> through <u>12-31-03</u>	CALIFORNIA FORM 460
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NAME OF FILER

SUNPAC - Sunnyvale 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>12/17/03</u>	<u>MANNY DIAZ for State Senator</u> <u>J. Q. # 1251657</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>ck # 1164</u>	<u>1,000 -</u>	<u>1,000 -</u>	
<u>12/17/03</u>	<u>ELAINE ALQUIST for State SENATE</u> <u>J. Q. # 1230006</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<u>ck # 1165</u>	<u>1,000 -</u>	<u>1,000 -</u>	
	<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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				<u>2,000 -</u>		

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>10-1-03</u> through <u>12-31-03</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>8</u>
	I.D. NUMBER <u>1245924</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SUNPAC - Sunnyvale CHAMBER of Commerce

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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RE-ELECT TIM Risch 855 MANGROVE AVE - SV, Ca - 94089 I.D. # 990563	CTB	CK# 1160 - 10/22/03	5,000 -
RE-ELECT TIM RISCH 855 MANGROVE AVE - SV, Ca - 94089 I.D. # 990563	CTB	CK# 1161 - 10/27/03	4,000 -
ELECT OTTO LEE 655 FAIR OAKS AVE, SV, Ca 94086 I.D. # 1245607	CTB	CK# 1162 - 10/28/03	7,500 -

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

SUBTOTAL \$ 16,500 -

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>18,746.75</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 (a).)	\$ <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>18,746.75</u>

**Schedule E
Continuation Sheet)
Payments Made**

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

Statement covers period
from 10-1-03
through 12-31-03

CALIFORNIA FORM 460

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

SUNPAC - Sunnyvale CHAMBER of COMMERCE

I.D. NUMBER
1245924

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

- | | | |
|---|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| L candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| D fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| J independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/ponso |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
<i>LAW OFFICE of RUSSELL H. MILLER 20 PARK ROAD Suite E Burlingame, Ca - 94010</i>	<i>PRO</i>	<i>CR # 1163 - 11/6/03</i>	<i>246.75</i>
<i>Manny Diaz - State Senate 580 North 15th St. S.J., Calif 95112 I.D. 1251657</i>	<i>CTB</i>	<i>CR # 1164 - 12/17/03</i>	<i>1,000 -</i>
<i>Elaine Alquist for State Senate P.O. Box 1192 Santa Clara, Ca - 95052 I.D. 1230006</i>	<i>CTB</i>	<i>CR # 1165 - 12/17/03</i>	<i>1,000 -</i>

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

SUBTOTAL \$ *2,246.75*