Desirient Committee	Type	or print in ink.		COVER PAGE
Recipient Committee Campaign Statement Cover Page		\Box	ECETV	
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	JAN 06 20	fage 1 of 11 For Official Use Only
	from9/25/2011	(Ivioritii, Day, real)	J 0 0 a.	
	through 12/31/2011	11/8/2011	CITY CLERK'S OF	FICE
SEE INSTRUCTIONS ON REVERSE	THE SAME OF THE SA		DITA DE STIMMA	VALE
1. Type of Recipient Committee: All Committees - Complete P	arts 1, 2, 3, and 4.	2. Type of Statement:		_
Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below	ination) v)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495
O Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1245924	Treasurer(s)		144000000000000000000000000000000000000
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) SUNPAC		Patricia Castillo MAKLING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Sunnyvale	STATE Ca	ZIP CODE AREA CODE/PHONE 94089
CITY STATE ZIP CODE SUNNYVALE CA 94089	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	СПУ	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	et roomer The property of the	
		uda (Edel) una Aregia en galera.		
Verification I have used all reasonable diligence in preparing and reviewing the	s statement and to the best of my knowledge	the information contained herein and in t	e attached schedules is	true and complete. I certify
under penalty of perjury under the laws of the State of California th	at the foregoing is true and correct	Silver Col	æstille	
Executed on 1/5/2012 Date	Ву	Signature of Treasurer or Assistant Treasurer		
Executed on	BySignature of Controlling	g Officeholder, Candidate, State Measure Proponent or Re-	sponsible Officer of Sponsor	
Executed on	BySigna	sture of Controlling Otliceholder, Candidate, State Measure	Proponent	
Executed on	Signa Signa	ture of Controlling Officeholder, Candidate, State Measure	Proponent	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 11

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot Me	easure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APP	PLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Jil ver Per	Identify the controlling office	nolder, candidate, or state	measure pr	oponent, if any.
Related Committees Not Included in this Statement: us			NAME OF OFFICEHOLDER, CANDIDATE	E, OR PROPONENT		
Related Committees Not included in this Statement has an entincluded in this statement that are controlled by you or are primarily formed contributions or make expenditures on behalf of your candidacy.	to receive		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	LD. NUMBER	4				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candida officeholder(s) or candidate(s) for which	te/Officeholder Commit th this committee is primarily forme	tee Lis	st names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	LD. NUMBER		NAME OF OFFICEHOLDER OR CANDID	ATE OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CANDID	OFFICE SOUG	HT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)						
CITY STATE ZIP CODE	AREA CODE/PHONE		Attach co	ontinuation sheets if neces	sary	

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA Statement covers period from 9/25/2011 **FORM** through _____ Page 3 LD. NUMBER 1245924

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	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$3,600.00	\$15,500.00	General Elections
2. Loans Received	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS	\$3,600.00	\$15,500.00	Received
4. Nonmonetary Contributions	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$3,600.00	\$15,500.00	Made
Expenditures Made	\$0.00	\$14,351.97	Expenditure Limit Summary for State Candidates
6. Payments Made	\$0.00	\$0.00	
7. Loans Made	\$0.00	\$14,351.97	.22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	\$0.00	\$0.00	Date of Election Total to Date
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00	(mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$14,351.97	Actions Garage respect
11. TOTAL EXPENDITURES MADE	30.00 <u>25.55.55</u>		
Current Cash Statement 12. Beginning Cash Balance	\$39,772,65 \$3,600.00 \$0.00 \$0.00 \$43,372.65	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).	Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents	\$0.00		
19. Outstanding Debts	\$0.00		FPPC Form 460 (January/ FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-37

Schedule A

Type or print in ink. Amounts may be rounded

SCHEDULE A	SCI	45	DU	LE	Α
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Schedule Monetary	A Contributions Received	to whole dollars.			Statement covers period from 9/25/2011 through 12/31/2011		FORM 460	
SEE INSTRUCTIONS C	ON REVERSE				-		LD. NUMBER	
NAME OF FILER SUNPAC							1.D. NUMBER 1245924	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	S CALEN	TIVE TO DATE NDAR YEAR 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/8/2011	MHET 950 S. Bascom Avenue Suite #1113 San Jose, Ca 95128	IND COM OTH PTY SCC		\$600.00	\$600.00)	,	
10/31/2011	P G & E Corporation 111 Almaden Blvd. San Jose, Ca 95113	IND COM OTH PTY		\$3,000.00	\$3,000	.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		IND COM OTH PTY SCC						
		OTH SCC						
***************************************			SUBTOTAL	Ś				
Schedule A Su	wed this period - itemized monetary contributions.			600.00		IND - In	outor Codes idividual	
(Include all So	chedule A subtotals.)		······	\$3,600.00		COM -	Recipient Committee (other than PTY or SCC)	
2. Amount recei	ived this period - unitemized monetary contributions of less the	an \$100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0.00		OTH - 0	Other (e.g., business entity) Political Party	
3. Total moneta (Add Lines 1	ry contributions received this period. and 2. Enter here and on the Summary Page, Column A, Lin	e 1.)	TOTAL	\$3,600.00		SCC - S	Small Contributor Committee	

Schedule B - Part 1

Type or print in ink. Amounts may be rounded

SCHEDULE B - PART 1

CALIFORNIA ACO

Statement covers period

Loans Received		to who	ole dollars.		from -9/2	25/2011	FORM	400
OFF INSTRUCTIONS ON DEVEDSE						12/31/2011	Page 5	— of <u>11</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	(I) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID		%		CALENDAR YEAR
				FORGIVEN		RATE /0		PER ELECTION**
t□ IND □ COM □ OTH □ PTY □ SCC			22	Tanana and a same a same and a same and a same and a same and a same a same a same and a same and a	DATE DUE		DATE INCURRED	
				☐ PAID		%		CALENDAR YEAR
				I FORGIVEN		RATE		PER ELECTION**
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				, 17.47 , 17.44 , 17.44 , 17.44	DATE DUE		DATE INCURRED	*
				□ PAID		%		CALENDAR YEAR
				FORGIVEN		UMIE		PER ELECTION**
t□ IND □ COM □ OTH □ PTY □ SCC	THE PARTY OF THE P				DATE DUE		DATE INCURRED	
		SUBTOTAL	\$	\$ 2000. 2000.00	\$	\$ (Enter (e) on		
Schedule B Summary				\$0.0	00	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans of less that	an \$100.)					IND -	tributor Codes - Individual	
Loans paid or forgiven this period	rgiven.) emized on Schedule A.)			\$0:		OTH PTY	 1 - Recipient Co (other than P - Other (e.g., b - Political Party - Small Contrib 	TY or SCC) usiness entity)
Net change this period. (Subtract Line 2 from Line Enter the net here and on the Summary Page, Col	2 1.) Jumn A, Line 2.	7		IVE :	y be a negative number)			
*Amounts forgiven or paid by another party also mu	st be reported on Schedule A.						PBAA	Form 460 (January/05)
** If required.		-				FPPC	HPPC 866 :Tall-Free Helpline	Form 460 (January/05) NASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received			Type or print in ink. Amounts may be round to whole dollars.	ded	Statement covers period 9/25/2011 from		california form	
SEE INSTRUCTIONS O	ON REVERSE				through 12/31/	2011	Page -6	
NAME OF FILER SUNPAC							I.D. NUMBEF 1245924	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	JF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE PAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		IND COM OTH PTY SCC						
		IND COM OTH PTY SCC					and a second sec	
		IND COM OTH PTY						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
Attach additional	information on appropriately labeled continuation	on sheets.	St.	JBTOTAL \$				

Schedule C Summary

1.	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	ş0.00
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 SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{9/25/2011}{\text{through}}$ $\frac{12/31/2011}{\text{page}}$ Page $\frac{7}{2}$ of $\frac{11}{2}$

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SUNPAC

1.D. NUMBER
1245924

SUNPAC					1245924	
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)
		Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose					
		Monetary Contribution Nonmonetary Contribution				
 	☐ Support ☐ Oppose	Expenditure				
		Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose					
			SUBTOTAL \$	e House And Bay		
Schedule D Su					ے	0.00
1. Itemized conf	tributions and independent expenditures made this period. (Incl	ude all Schedule D	subtotals.)		<u>\$</u>	0.00
- 44 %	ontributions and independent expenditures made this period of	under \$100			\$	0.00
Unitemized c	ontributions and independent expenditures made this period of	unuer \$100	•••••	•••••		
Total contribution	utions and independent expenditures made this period. (Add Lir	nes 1 and 2. Do not	enter on the Summary Page.)	.,,	\$	0.00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{9/25/2011}{12/31/2011}$ through $\frac{12/31/2011}{12/31/2011}$ Page $\frac{8}{12}$ of $\frac{11}{12}$

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. MP campaign paraphemalia/misc. MBR member communications MTG meetings and appearances TE contribution (explain nonmonetary)* VC civic donations PET petition circulating PHO phone banks TRC candidate filling/ballot fees ND fundraising events ND independent expenditure supporting/opposing others (explain)* PGS postage, delivery and messenger services TE transfer between committed information technology of the company of the committed information technology of the campaign literature and mailings MBR member communications RAD radio airtime and product returned contributions SAL campaign workers' salar tv.v. or cable airtime and product returned contributions FET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services TSF transfer between committed to voter registration VOT voter registration WEB information technology of the committed to the	ries production costs g, and meals ging, and meals ittees of the same candidate/spons
NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	AMOUNT PAID
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$
Schedule E Summary . Itemized payment made this period. (Include all Schedule E subtotals.)	\$0.00
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).)	30.00
1. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$0.00

Schedule F Accrued Expenses (Unpaid Bills)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE F Statement covers period **CALIFORNIA FORM** 9/25/2011

through _____ Page _9_

I.D. NUMBER 1245924

SUNPAC				2220	
CODES: If one of the following codes accurately described 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 LIT campaign literature and mailings	ibes the payment, you n MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (li PRT print ads	ns nces arch nessenger services	RAD radio airtime RFD returned con SAL campaign wo TEL t.v. or cable a TRC candidate tra TRS staff/spouse TSF transfer betw VOT voter registra	and production tributions orkers' salaries airtime and production co tvel, lodging, and meals travel, lodging, and mea travel, committees of the s	ls ame candidate/sponso
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
* Payments that are contributions or independent expanditures must also be summarized on Schedule D. santranized on Schedule D.	SUBTOTALS) in the second		5	\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedule F, C accrued expenses of \$100 or more, plus total unitemized accrued expe 	nses under \$100.)		ing.	INCURRED TOTALS	\$0.00
 Total accrued expenses paid this period. (Include all Schedule F, Colu- accrued expenses of \$100 or more, plus total unitemized payments on 	mn (c) subtotals for payments or accrued expenses under \$100.)	۱ 	7 <u>2</u>	PAID TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the difference on the Summary Page, Column A, Line 9.)	nce here and				*0 00

Schedule H **Loans Made to Others***

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA	460
9/25/2011	FORM	40U
irom		

SCHEDULE H

to whole dollars. fron 12/31/2011 through Page 10 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1245924 SUNPAC (d) OUTSTANDING BALANCE AT (e) INTEREST (¢) REPAYMENT OR FORGIVENESS (a) OUTSTANDING IF AN INDIVIDUAL, ENTER CUMULATIVE ORIGINAL AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT OCCUPATION AND EMPLOYER AMOUNT OF LOANS LOANED THIS RECEIVED BALANCE (IF SELF-EMPLOYED, ENTER LOAN TO DATE BEGINNING THIS PERIOD CLOSE OF THIS PERIOD THIS PERIOD* (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) PERIOD ☐ PAID CALENDAR YEAR RATE PER ELECTION** FORGIVEN DATE DUE DATE INCURRED PAID CALENDAR YEAR RATE PER ELECTION** FORGIVEN DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must SUBTOTAL also be reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary 1. Loans made this period (Total Column (b) plus unitemized loans of less than \$100.) \$0.00 2. Payments received on loans ** If required. (Total Column (c) plus uniternized payments of less than \$100.) Enter the net here and on the Summary Page, Column A, Line 7. (May be a negative number)

Schedule I			
Miscellaneous	Increases	to	Cash

Type or print in ink.

SCHEDULE I

Miscellaneous Increases to Cash Amounts may be rou to whole dollars.			Statement covers period from 9/25/2011	FORM 460
SEE INSTRUCTIONS ON RE	EVERSE		through	Page 11 of 11
NAME OF FILER SUNPAC	NAME OF FILER			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	DESCRIPTION OF	RECEIPT	AMOUNT OF INCREASE TO CASH
			ė.	
			SUBTOTAL	\$
Schedule I Summa	arv		···	
	es to cash this period.		\$0.00	<u> </u>
	ases to cash of under \$100 this period.			
	st received this period on loans made to others. (Schedule H, Column (e).)	41.752.17		MANAS
4 Total miscellaneo	us increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Line 14.)			····