

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 94200-94216.5)

Type or print in ink.

Date Stamp
 CITY OF SUNNYVALE
 CITY CLERK
 2006 JUL 31
 P 3:13

CALIFORNIA FORM 460
 PAGE 1 of 11
 Use Only

Statement covers period
 from 01-Jan-06
 through 30-Jun-06

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.

- Officerholder, 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 5)
- Primarily Formed Candidate/Officerholder 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
1256115

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

Melinda for Council

STREET ADDRESS (NO P.O. BOX)

563 S Taaffe St

CITY

Sunnyvale

STATE

CA

ZIP CODE

94086

AREA CODE/PHONE

408-732-8839

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

council@melinda.org

Treasurer(s)

NAME OF TREASURER

Olaf Hirsch

MAILING ADDRESS

563 S Taaffe St

CITY

Sunnyvale

STATE

CA

ZIP CODE

94086

AREA CODE/PHONE

408-732-8839

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

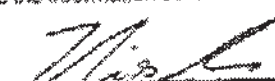
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 30-July-2006
Date

Executed on 30 July 06
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

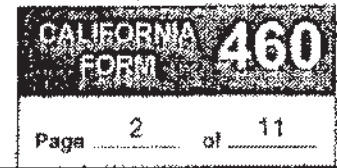
By 
Signature of Controlling Officer/Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Melinda Hamilton

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sunnyvale City Council Seat #7

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Sunnyvale CA 94086

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>01-Jan-06</u> through <u>30-Jun-06</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>11</u>
	I.D. NUMBER <u>1256115</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melinda for Council

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>6862</u>	\$ <u>6862</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>6862</u>	\$ <u>6862</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>27.20</u>	<u>27.20</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>6889.20</u>	\$ <u>6889.20</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
6. Payments Made Schedule E, Line 4	\$ <u>413.15</u>	\$ <u>413.15</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>413.15</u>	\$ <u>413.15</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>27.20</u>	<u>27.20</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>440.35</u>	\$ <u>440.35</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
<u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>3601.85</u>
13. Cash Receipts Column A, Line 3 above	<u>6862</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>413.15</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9400.7</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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 A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 01-Jan-06
through 30-Jun-06

CALIFORNIA FORM 460

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Melinda for Council

I.D. NUMBER
1256115

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)
4-May-06	Friends of Tony Spitaleri, FPCC 1271060 1081 Lakebird Dr. Sunnyvale, CA 94089	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
29-Apr-06	Howard Chuck Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Century 21	135	135	
29-Apr-06	Eagle Communications 2309 150th Ave. Omaha, NE 68116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
29-Apr-06	Sally Wu Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed, CPA	100	100	
29-Apr-06	William Jacobson Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	200	200	
SUBTOTAL \$				635		

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5185
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ 1677
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 6862**

*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 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>01-Jan-06</u> through <u>30-Jun-06</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>11</u>
	LF NUMBER <u>1256115</u>

NAME OF FILER

Malinda for Council

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)
25-Apr-06	Otto Lee Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council member City of Sunnyvale	150	150	
12-Apr-06	Arthur Langen San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	
12-Apr-06	Ada M Bull 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	100	100	
12-Apr-06	Mark Bollwinkel Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clergy, Los Altos United Methodist Church	100	100	
26-Apr-06	The Riding Group 99 Almaden Blvd., Ste. 270 San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
SUBTOTAL \$				1450		

*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

A

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

26-Apr-06

Statement covers period		CALIFORNIA FORM 460
from	01-Jan-06	
through	30-Jun-06	Page 6 of 11
NAME OF FILER		ID NUMBER
Melinda for Council		1256115

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LG. 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)
26-Apr-06	Bay Area RoadRunner, LLC 230 Twinlake Dr. Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
26-Apr-06	Sunnyvale T&C, LLC 30 East 4th Ave San Mateo, CA 94401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
18-May-06	Northern California Carpenters Council Small Contribution Committee 448 Hegenberger Road, Oakland, CA 94621 FPPC 972104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
		<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 \$				750		

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Judith Hamilton
1674 Manitoba Dr
Sunnyvale, CA 94097

Statement covers period
from 01-Jan-06
through 30-Jun-06

CALIFORNIA
FORM **460**

Page 7 of 11

NAME OF FILER

Melinda for Council

LD NUMBER

1256115

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
25-Apr-05	Monley Bros. LLC 99 Almaden Blvd., Ste. 270 San Jose, CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
24-Apr-06	Scott Ward Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer, Classic Communities	500	500	
29-Apr-06	Castillo & Castillo 1081 Lakebird Dr. Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
20-Apr-06	Trumark Companies 4185 Blackhawk Plaza Circle, Ste. 200 Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350	350	
28-Apr-06	Judith Hamilton Sunnyvale, CA 94097	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	350	350	

SUBTOTAL \$ 2350

*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>01-Jan-06</u> through <u>30-Jun-06</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>11</u>
	I.D. NUMBER 1256115

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Melinda for Council

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(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
Melinda Hamilton Sunnyvale, CA 94086 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member City of Sunnyvale	1000		<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	1000 DATE DUE _____	_____% RATE	\$ 1000 10/1/03 DATE INCURRED	CALENDAR YEAR \$ _____ 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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ 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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$	\$	\$	1000	\$		

Schedule B Summary

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$ 0
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
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	NET \$ 0 <small>(May be a negative number)</small>

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		CALIFORNIA FORM 460
from	01-Jan-06	
through	30-Jun-06	Page 9 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1256115

Melinda for Council

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	\$	27.20
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 \$	27.20

***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.

Statement covers period from <u>01-Jan-06</u> through <u>30-Jun-06</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>11</u>
I.D. NUMBER 1256115	

SCHEDULED

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Melinda for Council

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)
4-Feb-06	COPE South Bay AFL -CIO Labor Council FPPC 744711 <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		175	175	
		<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

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 175
- Unitemized contributions and independent expenditures made this period of under \$100 \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 175

**Schedule E
Payments Made**

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

Statement covers period from 01-Jan-06 through 30-Jun-06	CALIFORNIA FORM 460
Page 11 of 11	
I.S. NUMBER 1256115	

SEE INSTRUCTIONS ON REVERSE.

NAME OF FILER

Melinda for Council

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

OMP campaign paraphernalia/misc.	MER member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OPC office expenses	SAL campaign workers' salaries
CVC civic derations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/bailot 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.S. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTH BAY AFL-CIO LABOR COUNCIL COMMITTEE (COPE) 2102 Almaden Rd. STE. 107, San Jose, CA 95125 FPPC 744711	CTB		175
Costco 150 Lawrence Station Rd Sunnyvale, CA 94086	FND		108.60
Beverage and More	FND		109.55

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 393.15
2. Unitemized payments made this period of under \$100	\$ 20
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 413.15