

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
CITY OF SUNNYVALE, CA 2	CITY CLERK'S OFFICE
2009 FEB 13 P 1:43	For Official Use only

Statement covers period from <u>1 July 2008</u> through <u>31 Dec 2008</u>	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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

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
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER 1256115

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

Melinda ~~Barrett~~ Air 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

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 2/13/09
Date

Executed on 2/13/09
Date

Executed on _____
Date

Executed on _____
Date

By Olaf Hirsch
Signature of Treasurer or Assistant Treasurer

By Melinda Barrett
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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

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 State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ _____	\$ _____	1/1 through 6/30
2. Loans Received	Schedule B, Line 3	_____	_____	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____	\$ _____	20. Contributions Received
4. Nonmonetary Contributions	Schedule C, Line 3	_____	_____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ _____	\$ _____	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	\$ _____	\$ _____
7. Loans Made	Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ _____	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	_____	_____
10. Nonmonetary Adjustment	Schedule G, Line 3	_____	_____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates	
22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ _____	\$ _____
13. Cash Receipts	Column A, Line 3 above	_____	_____
14. Miscellaneous Increases to Cash	Schedule I, Line 4	_____	_____
15. Cash Payments	Column A, Line 8 above	_____	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____	\$ _____
<i>If this is a termination statement, Line 16 must be zero.</i>			

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

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

*Committee closed
on 30 June 2008.
Melinda Hamilton*