

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print name in ink.

OVER PAGE

|                                              |                            |
|----------------------------------------------|----------------------------|
| Date Stamp                                   | <b>CALIFORNIA FORM 460</b> |
| CITY OF SUNNYVALE, CA<br>CITY CLERK'S OFFICE | Page <u>1</u> of <u>4</u>  |
| 2008 JUL -7 A 8:42                           | For Official Use Only      |

|                                                                                        |                                                                                  |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Statement covers period<br>from <u>January 1, 2008</u><br>through <u>June 30, 2008</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>November 3, 2009</u> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

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

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

**3. Committee Information**

I.D. NUMBER  
1276783

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

Moylan for City Council

STREET ADDRESS (NO P.O. BOX)

1641 Honfleur Drive

|                  |           |              |                       |
|------------------|-----------|--------------|-----------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94087</u> | <u>(408) 404-5505</u> |

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

1050 Heatherstone Avenue

|                  |           |              |                 |
|------------------|-----------|--------------|-----------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94087</u> |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

cmoylan@ci.sunnyvale.ca.us

**Treasurer(s)**

NAME OF TREASURER

Elizabeth Dale

MAILING ADDRESS

1050 Heatherstone Avenue

|                  |           |              |                       |
|------------------|-----------|--------------|-----------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94087</u> | <u>(408) 749-8437</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Christopher R. Moylan

MAILING ADDRESS

1641 Honfleur Drive

|                  |           |              |                       |
|------------------|-----------|--------------|-----------------------|
| CITY             | STATE     | ZIP CODE     | AREA CODE/PHONE       |
| <u>Sunnyvale</u> | <u>CA</u> | <u>94087</u> | <u>(408) 523-1946</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

(650) 725-6296

**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 7/6/08  
Date

Executed on 7/6/08  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Elizabeth Dale  
Signature of Treasurer or Assistant Treasurer

By Christopher R. Moylan  
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.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

|                    |   |            |
|--------------------|---|------------|
| CALIFORNIA<br>FORM |   | <b>460</b> |
| Page               | 2 | of 4       |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Christopher R. Moylan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sunnyvale City Council Seat #2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1641 Honfleur Drive Sunnyvale, CA 94087

**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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>January 1, 2008</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>June 30, 2008</u>                           |                                |
| Page <u>3</u> of <u>4</u>                              |                                |
| I.D. NUMBER<br><u>1276783</u>                          |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Moylan for City Council

**Contributions Received**

|                                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>0</u>                                                | \$ <u>0</u>                                |
| 2. Loans Received ..... Schedule B, Line 3            | <u>0</u>                                                   | <u>4,000.00</u>                            |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>0</u>                                                | \$ <u>0</u>                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>                                                   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>0</u>                                                | \$ <u>0</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|-------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>0</u>                                                | \$ <u>0</u>                                |
| 7. Loans Made ..... Schedule H, Line 3                      | <u>0</u>                                                   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>0</u>                                                | \$ <u>0</u>                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>                                                   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>                                                   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>0</u>                                                | \$ <u>0</u>                                |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|                                                                             |                    |
|-----------------------------------------------------------------------------|--------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>4,217.57</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>0</u>           |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>           |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>0</u>           |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>4,217.57</u> |

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

|                                                       |             |
|-------------------------------------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0</u> |
|-------------------------------------------------------|-------------|

**Cash Equivalents and Outstanding Debts**

|                                                                   |                    |
|-------------------------------------------------------------------|--------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ _____           |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>4,000.00</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).

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

**Schedule B – Part 1  
Loans Received**

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

|                                                                                        |                            |
|----------------------------------------------------------------------------------------|----------------------------|
| Statement covers period<br>from <u>January 1, 2008</u><br>through <u>June 30, 2008</u> | <b>CALIFORNIA FORM 460</b> |
|                                                                                        | Page <u>4</u> of <u>4</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Moylan for City Council

I.D. NUMBER

1276783

| 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)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*                                                | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN            | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|-------------------------------------------|---------------------------------------------------------|
| Christopher R. Moylan<br>1641 Honfleur Drive<br>Sunnyvale, CA 94087<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Educator<br>Stanford University                                                            | \$ 4,000.00                                      | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 4,000.00<br><br>DATE DUE _____                  | 0 %<br>RATE                      | \$ 10,000<br><br>5/17/05<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____     |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                                                                       |                                                                                            | \$ _____                                         | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | %<br>RATE                        | \$ _____<br><br>DATE INCURRED             | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                                                                       |                                                                                            | \$ _____                                         | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | %<br>RATE                        | \$ _____<br><br>DATE INCURRED             | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS \$</b>                                                                                                                                                                                                                      |                                                                                            |                                                  | 0 \$                               | 0 \$                                                                                       | 4,000.00 \$                                        |                                  |                                           |                                                         |

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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.