## 1. Type of Recipient Committee:

- All Committees - Complete Parts 1, 2, 3, and 4.
  - Officeholder, Candidate Controlled Committee
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee

- Primarily Formed Candidate/Officerholder Committee

## 2. Type of Statement:

- Semi-annual Statement
- Amendment (Explain below)

## 3. Committee Information

- I.D. NUMBER: 12860477
- COMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): FRANK SOLLECI TO
- STREET ADDRESS (NO P.O. BOX):
- CITY: MONTEREY
- STATE: CA
- ZIP CODE: 93940
- Mailing Address:
- CITY: MONTEREY
- STATE: CA
- ZIP CODE: 93940

## 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 7-7-08

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Managing Member of Committee

By [Signature]
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By [Signature]
Signature of Managing Member of Committee
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTEREY CITY COUNCIL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTEREY</td>
<td>CA</td>
<td>93940</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. **Primarily Formed Candidate/Officeholder Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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<thead>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary.

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**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California
## Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0 $ 0
2. Loans Received .......................................... Schedule B, Line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions ................................ Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4 $ 0 $ 0

## Expenditures Made

6. Payments Made ........................................... Schedule E, Line 4 $ 0 $ 0
7. Loans Made ................................................ Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 0 $ 0
9. Accrued Expenses (Unpaid Bills) ..................... Schedule F, Line 3 $ 0 $ 0
10. Nonmonetary Adjustment ................................ Schedule C, Line 3 $ 0 $ 0
11. TOTAL EXPENDITURES MADE ............................. Add Lines 8 + 9 + 10 $ 0 $ 0

## Current Cash Statement

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 **11/170.00**
13. Cash Receipts ............................................. Column A, Line 3 above $ 0 $ 0
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $ 0 $ 0
15. Cash Payments ........................................... Column A, Line 3 above $ 0 $ 0
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 **11/170.00**

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

18. Cash Equivalents ........................................... See instructions on reverse $ 0 $ 0
19. Outstanding Debts ......................................... Add Line 2 + Line 9 in Column B above $ 0 $ 0

*Amounts in this section may be different from amounts reported in Column B.*
Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Offholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 2)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
   - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed Candidate/Offholder Committee (Also Complete Part 7)

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Prelection Statement - Attach Form 465

   Line 12 & 16 should have been 9,825 instead of 11,470.

3. Committee Information
   I.D. NUMBER 1286047
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Frank Sumann
   STREET ADDRESS (NO P.O. BOX)
   CITY Monterey
   STATE Ca
   ZIP CODE 93940
   Mailing Address (If different) No, and street or P.O. Box
   CITY Monterey
   STATE Ca
   ZIP CODE 93940

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 7-10-09
   Executed on 7-10-09
   Executed on
   Executed on
   Executed on

   By
   By
   By
   By

   Signature of Treasurer
   Signature of Assistant Treasurer
   Signature of Controlling Offholder, Candidate, State Measure Proprietor or Responsible Officer of Sponsor
   Signature of Controlling Offholder, Candidate, State Measure Proprietor

   FPPC Form 460 (January/03)
   FPPC Toll-Free Helplines: 866/ASK-FPPC (8864276-3772)
   State of California