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.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [x] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 6)
   - [ ] Ballot Measure Committee
     - [ ] Primarily Formed
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)

2. Type of Statement:
   - [ ] Prelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)
     ____________________________
     ____________________________

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee of Elect Libby Downey

   STREET ADDRESS (NO P.O. BOX)
   877 Pacific Street, #300

   CITY Monterey
   STATE CA
   ZIP CODE 93940
   AREA CODE/PHONE 831 372 7348

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

   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 06-30-2009
   By ____________________________
   Signature of Treasurer or Elector

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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

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?  YES  NO

COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER  JURISDICTION  SUPPORT  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 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  SUPPORT  OPPOSE

Libby Downey  City Council, Monterey

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

Attach continuation sheets if necessary
### Contributions Received

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

### Expenditures Made

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 C, Line 3 
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 353.18
13. Cash Receipts ............................................... Column A, Line 3 above $ 0
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $ 0
15. Cash Payments ............................................. Column A, Line 8 above $ 
16. ENDING CASH BALANCE ............................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 353.18

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................... See instructions on reverse $ 
19. Outstanding Debts ......................................... Add Line 2 + Line 9 in Column B above $ 300.00

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$0</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>$</td>
</tr>
</tbody>
</table>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.