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.
   - Officelholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Ballot Measure Committee
     - Primarily Formed
     - Controlled
     - Sponsored (Also Complete Part 6)
   - Primarily Formed Candidate/Officelholder Committee (Also Complete Part 7)

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

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   
   STREET ADDRESS (NO P.O. BOX)
   877 Pacific Street

   CITY    STATE    ZIP CODE    AREA CODE/PHONE
   Monterey    CA    93940    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
   
   NAME OF TREASURER
   J. Breck Tostevin

   MAILING ADDRESS
   877 Pacific Street
   Monterey, CA 93940

   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 12/31/2009
   Date

   By
   Signature of Treasurer or Assistant Treasurer

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

   By
   Signature of Controlling Officelholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officelholder, Candidate, State Measure Proponent

   FPPC Form 460 (June/01)
   FPPC Toll-Free Helpline: 855/ASK-FPPC
   State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. Ballot Measure Committee

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

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.

<table>
<thead>
<tr>
<th>Libby Downey</th>
<th>City Council, Monterey</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
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<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
**Campaign Disclosure Statement**  
**Summary Page**  

<table>
<thead>
<tr>
<th>Contributions Received</th>
</tr>
</thead>
</table>
| 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  

<table>
<thead>
<tr>
<th>Expenditures Made</th>
</tr>
</thead>
</table>
| 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  

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
</tr>
</thead>
</table>
| 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  

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).

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

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Expenditures Made</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>22. Cumulative Expenditures Made*</th>
<th>(If Subject to Voluntary Expenditure Limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
<td>Total to Date</td>
</tr>
</tbody>
</table>

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

**FPPC Form 460 (June/01)**  
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