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
   - Ballot Measure Committee
   - General Purpose Committee

   - State Candidate Election Committee
   - Primarily Formed
   - Sponsored
   - Recall
   (Also Complete Part 6)
   - Controlled
   - Small Contributor Committee
   - Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Termination Statement
   - Amendment (Explain below)
   - Supplemental Prelection Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1267578

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee to Elect Libby Downey

   STREET ADDRESS (NO P.O. BOX)
   877 Pacific Street
   Monterey, CA 93940

   MAILING ADDRESS
   877 Pacific Street
   Monterey, CA 93940

   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: TAX / E-MAIL ADDRESS
   F831 375 7512

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 01-06-2012
   By [Signature]

   Executed on [Date]
   By [Signature]

   Executed on [Date]
   By [Signature]

   Executed on [Date]
   By [Signature]

   Executed on [Date]
   By [Signature]

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? (YES/NO)</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. **Ballot Measure Committee**

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

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

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

7. **Primarily Formed 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td>iliowy Dawnay</td>
<td>City Council, Monterey</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
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</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

**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
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 $ ____________________________ 353.18
   *If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .............................. Schedule B, Part 2 $ ____________________________
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

20. Contributions Received $ ____________________________ $ ____________________________
21. Expenditures Made $ ____________________________ $ ____________________________

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
   Date of Election (mm/dd/yy)  
   Total to Date $ ____________________________  
   $ ____________________________  
   $ ____________________________  
   $ ____________________________  
   $ ____________________________  
   $ ____________________________  
   $ ____________________________  

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