

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

CITY OF SUNNYVALE, CA  
CITY CLERK'S OFFICE

Page 1 of 11

2005 JAN 28 P 12: 23

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/2004  
through 6/30/2004

Date of election if applicable  
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate-Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 460

Pg 3 Column B was not added properly  
assumed to add total for year.

3. Committee Information

16. NUMBER

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

Friends of Otto Lee

STREET ADDRESS (NO P.O. BOX)

12 South First Street #1205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95113	408-286-8933

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95113	408-286-8933

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jeffrey S. Fang/Jennifer L. Yang

MAILING ADDRESS

12 South First Street #1205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95113	408-286-8933

NAME OF ASSISTANT TREASURER (IF ANY)

Otto Lee

MAILING ADDRESS

12 South First Street #1205

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose	CA	95113	408-286-8933

OPTIONAL FAX / E-MAIL ADDRESS

408-286-8932

jyang@ipig.com

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 on the basis of the State of California that the foregoing is true and correct.

Executed on 1/25/05

By Jennifer L. Yang  
Treasurer

Executed on 1/25/05

By Jeffrey S. Fang  
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By

Executed on

By

Signature of Controlling Officer, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page -- Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Oh Lee

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

Sanjaya City Council Seat #5

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

12 South First Street #1205 San Jose CA 95113

**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	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <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	ID NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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  
from 1/1/2004  
through 6/30/2004

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto O. Lee

ID. NUMBER

1245607

**Contributions Received**

		Column A TOTAL PERIODIC FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL AMOUNT
1. Monetary Contributions	Schedule A, Line 3	\$ 6270.00	\$ 6270.00
2. Loans Received	Schedule B, Line 3	14000.00	14000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 6270.00	\$ 6270.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 6270.00	\$ 6270.00

**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	Column B
6. Payments Made	Schedule E, Line 4	\$ 2270.65	\$ 2270.65
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 2270.65	\$ 2270.65
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 2270.65	\$ 2270.65

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yyyy)	Total to Date
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4948.36
13. Cash Receipts	Column A, Line 3 above	6270.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	2270.65
15. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8947.71

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 3 \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 on Column B above	\$ 14000.00

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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2004	
through	6/30/2004	Page 4 of 11
		IC NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto D. Lee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER IC NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/27/2004	Jackson and Michelle Hu Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Executive First Allied Securities Inc	\$500	\$500	
1/27/2004	Wyant and Smith 174 North Sunnyvale Avenue Sunnyvale, CA 94088	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
1/30/2004	John McLemore and Glynis Seney Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Planning IC Media	\$100	\$100	
1/30/2004	Wai Chau and Rebecca Parker Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Gilbane Properties Inc.	\$100	\$100	
1/30/2004	Bill and Katherine Napoli San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Napri Inc.	\$150	\$150	

**SUBTOTAL \$ 1100**

**Schedule A Summary**

1. Amount received this period — contributions of \$100 or more. (Include all Schedule A subtotals )	\$	5100
2. Amount received this period — unitemized contributions of less than \$100	\$	1170
3. Total monetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	<b>TOTAL \$</b>	<b>6270</b>

**\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2004</u> through <u>6/30/2004</u>	<b>CALIFORNIA FORM 460</b>
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ID NUMBER	

NAME OF PLEP

Otto O. Lee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP (NAME OF CONTRIBUTOR IF DIFFERENT FROM ENTERED NAME)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, LIST NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERFECTION TO DATE (IF REQUIRED)
1/30/2004	C.J. Olson Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Farmer	\$100	\$100	
2/9/2004	Brandenburg, Staedler and Moore 1122 Willow St #200 San Jose, CA 95125	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
2/9/2004	Malinda Law Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Finance and Administration Solidone Corp	\$100	\$100	
2/9/2004	Corina Del Pozzo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Maker	\$100	\$100	
2/9/2004	Arthur Low Campbell, CA 95008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Optometrist	\$100	\$100	
<b>SUBTOTAL \$</b>				<b>500</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(Other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2004	
through	6/30/2004	Page <u>6</u> of <u>11</u>
NAME OF FILER		ID NUMBER
Dttm U. Lee		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, PLEASE ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NATURE OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
2/09/2004	Castillo & Castillo 1081 Lakebird Dr. Sunnyvale, CA 94039	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
2/09/2004	Trina and Somnath Chatterjee Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Morrison & Foester	\$500	\$500	
2/09/2004	Rod Dindon Jr. Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council member City of Santa Clara	\$100	\$100	
2/09/2004	James and Monica Kim San Jose, CA 95135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Rainbow Cleaners	\$100	\$100	
2/09/2004	Tahir Naim Sunnyvale, CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Fenwick and West	\$100	\$100	
<b>SUBTOTALS</b>				<b>1050</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(rather than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2004</u> through <u>6/30/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>11</u>	IC NUMBER

NAME OF FILER

Otto O. Lee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/09/2004	Harry Martin and A. P. Santiago San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Business Consultant	\$100	\$100	
2/09/2004	William and Meredith Oliver Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Bioves Ability	\$100	\$100	
2/09/2004	Friends of Julia Miller 1611 New Brunswick Ave. Sunnyvale, CA 94087	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
2/20/2004	Yvonne and William Jacobson Los Altos Hills, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner & Trustee, CLASSIC COMMUNITIES, INC.	\$100	\$100	
2/20/2004	Steve Fisk	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Safety Officer City of Sunnyvale	\$100	\$100	
<b>SUBTOTAL \$</b>				<b>500</b>		

\*Contributor Codes  
IND - Individual  
COM - Resident Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 1/1/2004  
through 6/30/2004

**CALIFORNIA FORM 460**

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NAME OF FILER

Olto O. Lee

ID NUMBER

DATE RECEIVED	FILER NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ACCOUNT, SEE NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OR BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/2004	Fred Hill 700 South Bernardo, Suite 101 Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Hill and Co Realtors	\$100	\$100	
2/20/2004	Greenteam Zanker of Sunnyvale 625 Charles St. San Jose, CA 95112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150	\$150	
2/20/2004	Tri-County Apartment Association 792 Meridian Way, Suite A San Jose, CA 95125	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300	\$300	
2/23/2004	Rotten Tomatoes 2200 Powell St. Suite 1085 Emeryville, CA 94608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
2/23/2004	Yin McDonald's 185 Butcher Rd. Vacaville, CA 95687	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
<b>SUBTOTAL \$</b>				<b>1150</b>		

Contributor Codes  
 IND - Individual  
 COM - Recipient Committees  
 (Other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 1/1/2004  
through 6/30/2004

**CALIFORNIA FORM 460**

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NO NUMBER

NAME OF FILER  
**Otto O. Lee**

DATE RECEIVED	NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF QUANTITY IS ENTERED NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER HOME BUSINESS)	AMOUNT RECEIVED THIS PERIOD	COMBINATION TO DATE (CALENDAR YEAR (JAN. 1 - DEC. 31))	PER ELECTION TO DATE (IF REQUIRED)
2/23/2004	Steven and Susan Ellenburg San Jose, CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ruby and Schofield	\$250	\$250	
2/23/2004	Dubroznik Associates Inc. 100 South Murphy Ave. #102 Sunnyvale, CA 94086	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200	\$200	
2/23/2004	Santa Clara and San Benito Counties Building and Trades Council 2102 Almaden Rd #101 San Jose, CA 95125 ID #743618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
3/17/2004	SEIU Local 715 Political Activities Committee 2960 North First St. San Jose, CA 95134 ID #782-240	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 800**

\*Contributor Codes  
IND - Individual  
COM - Political Committee  
(Other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contractors' Committee

**Schedule E  
Payments Made**

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

Statement covers period	SCHEDULE E	
from 1/1/2004	<b>CALIFORNIA FORM 460</b>	
through 6/30/2004	Page 10 of 11	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto O. Lee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc	MBR	member communications	RAO	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CNB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IEI	independent expenditures supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSP	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jeff Pang Cupertino, CA 95014	WEB			\$1500.00
Sally Wu San Francisco, CA 94116	OFC			\$222.80
Friends of Ron Swegles	FND			\$125.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1847.80**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 2026.01
2. Unitemized payments made this period of under \$100	\$ 244.64
3. Total interest paid this period on loans. (Enter amount from Schedule R, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 2270.65</b>

**Schedule L  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE L (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1/1/2004	
through	6/30/2004	Page 11 of 11
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Otto O. Lee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member contributions	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain non-necessity)*	OFF	office expenses	SAL	campaign workers' salaries
CVC	cash donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FE	candidate filing/balot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	YGF	transfer between committees of the same candidate/sponsor
LEG	legal services	PRO	professional services (legal, accounting)	VOT	voter registration
MT	campaign materials and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF DESIGNATED, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jeremy Nishihara	FND		\$178.21

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D

**SUBTOTAL \$ 178.21**