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Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

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CITY OF SUNNYVALE, CITY CLERK'S OFFICE
 2008 JUL 31 P 4: 38
CALIFORNIA FORM 460
 Page 1 of 1
 For Official Use Only

Statement covers period
 from 05/18/2008
 through 06/30/2008

Date of election if applicable:
 (Month, Day, Year)
06/03/2008

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
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1245607

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Otto Lee

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------|-------|----------|-----------------|
| 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 |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Sindy Tew
MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | | | |
|----------|----|-------|---------------|
| San Jose | CA | 95113 | 408- 286-8933 |
|----------|----|-------|---------------|

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| 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 7/31/08
 Date

Executed on 7/31/08
 Date

Executed on _____
 Date

Executed on _____
 Date

By [Signature]
 Signature of Treasurer or Assistant Treasurer

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

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

FAX NO.

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

City Council Member City
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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 | I.D. 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 | I.D. 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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 Candidate/Officeholder 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

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**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>05/18/2008</u> through <u>06/30/2008</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER 1245607 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Otto Lee

| Contributions Received | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 500.00 |
| 2. Loans Received Schedule B, Line 3 | \$ 0.00 | \$ 8,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 0.00 | \$ 8,500.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 0.00 | \$ 8,500.00 |

| 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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 0.00 | \$ 2,725.18 |
| 7. Loans Made Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 0.00 | \$ 2,725.18 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 0.00 | \$ 2,725.18 |

| 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 |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

| Current Cash Statement | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 3,310.69 |
| 13. Cash Receipts Column A, Line 3 above | \$ 0.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ 0.00 |
| 15. Cash Payments Column A, Line 8 above | \$ 0.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3,310.69 |

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

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).

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |
|---|---------|

| Cash Equivalents and Outstanding Debts | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 8,000.00 |

*Amounts in this section may be different from amounts reported in Column B.

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Schedule B - Part 1 Loans Received

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Amounts may be rounded
to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>05/18/2008</u> through <u>06/30/2008</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>4</u> | I.D. NUMBER <u>1245607</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Otto Lee

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID, NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Otto Lee San Jose CA 95113 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Attorney IPLG | \$ 4,000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 4,000.00 | _____% RATE \$ 0.00 | \$ 4,000.00 <u>09/30/2003</u> DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ _____ |
| Otto Lee San Jose CA 95113 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Attorney IPLG | \$ 4,000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 4,000.00 | _____% RATE \$ 0.00 | \$ 4,000.00 <u>12/31/2007</u> DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ _____ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | | | | | | | \$ 0.00 \$ 0.00 \$ 8,000.00 \$ 0.00 |

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

THX INU

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