

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84218.5)

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Date Stamp CITY OF SAN JOSE CITY CLERK 2006 JAN 17	CALIFORNIA 460 2001/02 FORM
	Page <u>1</u> of <u>5</u> For Official Use Only A 47

Statement covers period from <u>July 1, 2005</u> through <u>Dec. 31, 2005</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7) |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 485 |
| <input type="checkbox"/> Amendment (Explain below) | |

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)

12 S. First St., #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
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jennifer Cheng

MAILING ADDRESS

12 South First St., #1205

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

NAME OF ASSISTANT TREASURER, IF ANY

Otto O. Lee

MAILING ADDRESS

12 South First St., #1205

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

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 1/26/06
Date

Executed on Jan 26, 2006
Date

Executed on _____
Date

Executed on _____
Date

By Jennifer Cheng
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Otto O. Lee
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Sunnyvale City Council Seat #5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 12 S. First St., #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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, 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
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 with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

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 <u>July 1, 2005</u>	CALIFORNIA FORM 460
through <u>Dec. 31, 2005</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1245607</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto O. Lee

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>10,137.00</u>
2. Loans Received <i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>4,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>137.00</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>137.00</u>

**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 <i>Schedule E, Line 4</i>	\$ <u>200.18</u>	\$ <u>3,519.69</u>
7. Loans Made <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>200.18</u>	\$ <u>3,519.69</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>200.18</u>	\$ <u>3,519.69</u>

**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 <i>Previous Summary Page, Line 16</i>	\$ <u>5720.45</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>200.18</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>5,520.27</u>

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 <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>4,000.00</u>

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period
from July 1, 2005
through Dec 31, 2005

CALIFORNIA FORM 460

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I.D. NUMBER
1245607

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Otto O. Lee

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. 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 O. Lee 12 S. 1st St., #1205 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	Self	\$ 4,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 4000.00 NA DATE DUE	0 % 0	\$ 14,000.00 Sept 2003 DATE INCURRED	CALENDAR YEAR PERFECTION**
<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	\$ DATE DUE	% \$	\$ DATE INCURRED	CALENDAR YEAR PERFECTION**
<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	\$ DATE DUE	% \$	\$ DATE INCURRED	CALENDAR YEAR PERFECTION**
SUBTOTALS \$			\$ 0.00	\$ 4,000.00	\$ 0			

Schedule B Summary

- (Enter (g) on Schedule E, Line 3)
- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
 - 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.)
 - 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)

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

** If required.

Contributor Codes

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	July 1, 2005	
through	Dec. 31, 2005	Page <u>5</u> of <u>5</u>
		I.D. NUMBER 1245607

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 | RAD radio airtime and production costs |
| CNS campaign consultants | MIG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL 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 |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOI voter registration |
| LIT campaign literature and mailings | PRI print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Committee to Elect Ron Swegies 1111 Morse Avenue, Space 235 Sunnyvale, CA 94089	MTG		\$200.18

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

SUBTOTAL \$ 200.18

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 200.18
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, 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.)	TOTAL \$ 200.18