

Late Contribution Report

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

NAME OF FILER Friends of Otto Lee - Jeffrey S. Fang, Treasurer		Date of This Filing 11/03/2003	CITY OF SUNNYVALE CITY CLERK 2003 NOV - L Received via fax 11/3/03 at 10:51pm.	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 A For Use Only
AREA CODE/PHONE NUMBER 408-286-8933	I.D. NUMBER (if applicable) 1245607	Repor. No. 003		
STREET ADDRESS P.O. Box 64457		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94088-4457	No. of Pages 1	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF DONOR IS A TRUST, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2003	Cathy Tsang and David Tsang Cupertino CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1000.00 <input type="checkbox"/> Check if Loan
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of Otis Lee - Jeffrey S. Fang, Treasurer			Date of This Filing 11/01/2003	CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-286-8933	I.D. NUMBER (Required) 1245607		Report No. 002	2003 NOV -3 A 8:32	
STREET ADDRESS P.O. Box 64457			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	Received via fax 11/1/03 8:17pm weekend	
CITY Sunnyvale	STATE CA	ZIP CODE 94088-4457	No. of Pages 1		

Late Contribution(s) Received

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
11/01/2003	South Bay AFL-CIO Labor Council Committee on Political Education 2102 Almaden Rd., Ste. 107 San Jose CA 95125 FPPC ID #744711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6678.82 <input type="checkbox"/> Check if Loan
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of Otto Lee - Jeffrey S. Fang, Treasurer		Date of This Filing 11/01/2003	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-286-8933	I.D. NUMBER (if applicable) 1245607	Report No. 002		
STREET ADDRESS P.O. Box 64457		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94088-4457	No. of Pages 1	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/01/2003	South Bay AFL-CIO Labor Council Committee on Political Education 2102 Almaden Rd., Ste. 107 San Jose CA 95125 FPPC ID #744711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6678.82 <input type="checkbox"/> Check if Loan
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of Otto Lee - Jeffrey S. Fang, Treasurer			Date of This Filing 10/29/2003	Date Stamp <i>Rec'd via fax 10/28/03 5:06 AM</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-286-8933	I.D. NUMBER (if applicable) 1245607		Report No. 301		
STREET ADDRESS P.O. Box 64457			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sunnyvale	STATE CA	ZIP CODE 94088-4457	No. of Pages 1		

Late Contribution(s) Received

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
10/29/2003	SUNPAC 101 W Olive Ave. Sunnyvale, CA 94088 FPPG ID: 1245924	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7500 <input type="checkbox"/> Check if Loan
10/29/2003	Mento Equities Development Co. 490 California Ave, 4th Floor Palo Alto, CA 94306 (Returned Contribution)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(\$5000) <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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

Reason for Amendment: _____

Late Contribution Report

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

CITY OF SUNNYVALE STATE CONTRIBUTION REPORT

NAME OF FILER <i>Otto O. Lee</i>		Date of This Filing <i>10/29/03</i>	CITY OF SUNNYVALE OFFICE 2003 OCT 29 5:45	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>(408) 286-8933</i>	ID. NUMBER (if applicable) <i>1245607</i>	Report No. <i>1</i>		
STREET ADDRESS <i>12 South First Street #1205</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>San Jose</i>	STATE <i>CA</i>	ZIP CODE <i>95113</i>	No. of Pages <i>1</i>	

Late Contribution(s) Received

DATE RECEIVED	FIRL 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
<i>10/28/03</i>	<i>SUNPAC (FPPC # 1245924) 101 W. Olive Ave Sunnyvale, CA 94086</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>7,500</i> <input type="checkbox"/> Check if Loan
<i>10/28/03</i>	<i>Mento Equities Development Co., 490 California Ave. 4th Floor Palo Alto, CA 94306</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>-5,000</i> <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes

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

Reason for Amendment: _____