

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp JUL 19 12:14	CALIFORNIA FORM 460
	Page <u>1</u> of <u>3</u>
	For Official Use Only

Statement covers period from <u>1/1/07</u> through <u>6/30/07</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/07</u>
---	---

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/Control 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

Correct recording errors in first issue: Pages 4 and 20

3. Committee Information

I.D. NUMBER
1243709

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

Committee To elect Ron Swegles

STREET ADDRESS (NO P.O. BOX)

1111 Morse Av #195

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sunnyvale</u>	<u>Ca</u>	<u>94089</u>	<u>408-745-0457</u>

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

Kenneth W. Sauer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sunnyvale</u>	<u>Ca</u>	<u>94087</u>	<u>408-245-6551</u>

NAME OF ASSISTANT TREASURER, IF ANY

Ron Swegles

MAILING ADDRESS

1111 Morse Av #195

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sunnyvale</u>	<u>Ca</u>	<u>94089</u>	<u>408-745-0457</u>

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 7-18-07
Date

Executed on 7-19-07
Date

Executed on _____
Date

Executed on _____
Date

By Kenneth W. Sauer
Signature of Treasurer or Assistant Treasurer

By Ron Swegles
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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>1/1/07</u>	CALIFORNIA FORM 460
through <u>6/30/07</u>	
Page <u>2</u> of <u>3</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ron Swegles	I.D. NUMBER 1243709
-------------------------------------	-------------------------------

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/18/07	Smith, Richard Sunnyvale, Ca 94088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Wyant & Smith	200.00		
1/22/07	Stafford, Florence Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Starlite Storage	200.00		
1/22/07	Hill, Fred Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hill and Company	100.00		
1/22/07	Vidovich, John Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner DeAnza Property	500.00		
1/22/07	Olson, Charles Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00		
SUBTOTALS \$				1150.00		

Schedule A Summary

1. Amount received this period -- itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>15550.00</u>
2. Amount received this period -- unitemized monetary contributions of less than \$100	\$	<u>1252.99</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1)	TOTAL \$	<u>16802.99</u>

*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

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/07	
through	6/30/07	Page 2 3 of 3 3
NAME OF FILER		I.D. NUMBER
Ron Swegles		1243709

SEE INSTRUCTIONS ON REVERSE

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	MTG meetings and appearances	R-D 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
LEC 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIR Speedy 1185 Tasman Dr Sunnyvale, Ca 94089	LIT		500.00
Anna Eschoo for congress ID # C00258475 2350 Taylor St San Francisco, Ca 94133	CTB		100.00
Ron Swegles Sunnyvale, Ca 94089	LIT		539.20
Shelia Angeles Sunnyvale, Ca 94085	CMP		123.13
West Coast Designs 463 Blossom Hill Rd Unit D San Jose, Ca 95123	CMP		1007.81

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

SUBTOTAL \$ 2270.14

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp
JUL 19 12:14

Statement covers period
from 1/1/07
through 6/30/07

Date of election if applicable:
(Month, Day, Year) 11/06/07

Page 1 of _____
For Official Use Only

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

Correct recording errors in first issue: Pages 4 and 20

3. Committee Information

ID. NUMBER
1243709

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

Committee To elect Ron Swegles

STREET ADDRESS (NO P.O. BOX)

1111 Morse Av #195

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	Ca	94089	408-745-0457

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

Kenneth W. Sauer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	Ca	94087	408-245-6551

NAME OF ASSISTANT TREASURER, IF ANY

Ron Swegles

MAILING ADDRESS

1111 Morse Av #195

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	Ca	94089	408-745-0457

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 7-18-07
Date

Executed on 7-19-07
Date

Executed on _____
Date

Executed on _____
Date

By Kenneth W. Sauer
Signature of Treasurer or Assistant Treasurer

By Ron Swegles
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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/07	
through	6/30/07	Page <u>4</u> of <u>21</u>
NAME OF FILER Ron Swegles		ID. NUMBER 1243709

SEE INSTRUCTIONS ON REVERSE

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)
1/18/07	Smith, Richard Sunnyvale, Ca 94088	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Wyant & Smith	200.00		
1/22/07	Stafford, Florence Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Starlite Storage	200.00		
1/22/07	Hill, Fred Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Hill and Company	100.00		
1/22/07	Vidovich, John Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner DeAnza Properely	500.00		
1/22/07	Olson, Charles Sunnyvale, Ca 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00		
SUBTOTAL \$				1150.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	15550.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	1252.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	16802.99

*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

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

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/07	
through	6/30/07	Page 20 of 21
I.D. NUMBER		1243709

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ron Swegles

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	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFI	office expenses	SAI	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHD	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	TSE	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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIR Speedy 1185 Tasman Dr Sunnyvale, Ca 94089	LIT			500.00
Anna Eschoo for congress ID # C00258475 2350 Taylor St San Francisco, Ca 94133	CTB			100.00
Ron Swegles Sunnyvale, Ca 94089	LIT			539.20
Shella Angeles Sunnyvale, Ca 94085	CMP			123.13
West Coast Designs 463 Blossom Hill Rd Unit D San Jose, Ca 95123	CMP			1007.81

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

SUBTOTAL \$ 2270.14