

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |  |   |
|---|--|---|
| Date Stamp<br>CITY OF SUNNYVALE, CA<br>CITY CLERK'S OFFICE                    |  | <b>CALIFORNIA</b><br>2801/02<br><b>FORM</b><br><b>460</b> |
| Date of election if applicable:<br>(Month, Day, Year)<br>2004 JAN 20 A 11: 20 |  | Page <u>1</u> of <u>11</u>                                |
| Statement covers period<br>from <u>10/19/03</u><br>through <u>12/31/03</u>    |  | For Official Use Only                                     |

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officerholder, 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<br><small>(Also Complete Part 5)</small>          | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> General Purpose Committee                                | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>  |
| <input type="checkbox"/> Sponsored  | <input type="checkbox"/> Primarily Formed Candidate/<br>Officerholder Committee<br><small>(Also Complete Part 7)</small> |
| <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<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

ID NUMBER  
1243709

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Ron Swagles

STREET ADDRESS (NO P.O. BOX)  
1111 Morse Av Suite 235

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| 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  
electronsagles@aol.com

**Treasurer(s)**

NAME OF TREASURER  
Kenneth Sauer

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY  
Ron Swagles

MAILING ADDRESS

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| 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 1-18-04  
Date

Executed on 1-18-04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Kenneth W. Sauer  
Signature of Treasurer or Assistant Treasurer

By Ronald Swagles  
Signature of Controller, Treasurer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

|                            |     |
|----------------------------|-----|
| CALIFORNIA<br>FORM         | 460 |
| Page <u>2</u> of <u>11</u> |     |

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Ron Swagles

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sunnyvale City Council Seat #6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1111 Morse Av. Suite 235 Sunnyvale Ca 94089

**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   |
|  | 1243709   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><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?<br><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<br><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 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>10/19/03</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/03</u>                         |                                |
| Page <u>3</u> of <u>11</u>                      | I.D. NUMBER<br><u>1243709</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ron Swegles

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(IF NOT ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 2    | \$ <u>4158.00</u>  | \$ <u>21088.99</u>                         |
| 2. Loans Received ..... Schedule B, Line 3            | <u>500.00</u>  | <u>2000.00</u>                             |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>4658.00</u>  | \$ <u>23088.99</u>                         |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | <u>0</u>   | <u>2150.00</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>4658.00</u>  | \$ <u>25238.99</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          | Column B           |
|---|-------------------|--------------------|
| 6. Payments Made ..... Schedule E, Line 1                   | \$ <u>7748.80</u> | \$ <u>20365.83</u> |
| 7. Loans Made ..... Schedule F, Line 3                      | <u>0</u>          | <u>0</u>           |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>7748.80</u> | \$ <u>20365.83</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | <u>0</u>          | <u>0</u>           |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | <u>0</u>          | <u>2150.00</u>     |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 6 + 9 + 10      | \$ <u>7748.80</u> | \$ <u>22515.83</u> |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16             | \$ <u>5813.96</u> |
| 13. Cash Receipts ..... Column A, Line 3 above                              | <u>4658.00</u>    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | <u>0</u>          |
| 15. Cash Payments ..... Column A, Line 8 above                              | <u>7748.80</u>    |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>2723.16</u> |

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).

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

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

**Cash Equivalents and Outstanding Debts**

|   |                   |
|---|-------------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ <u>0</u>       |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ <u>2000.00</u> |

\*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<br>from <u>10/19/03</u><br>through <u>12/31/03</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>11</u> |
| I.D. NUMBER<br><u>1243709</u>  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ron Swegles

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/20/03           | Sauceda, Pamela<br>Sunnyvale, Ca 94089   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker<br>Evans and O'Brien  | 400.00                      |   |                                    |
| 10/20/03           | Castillo, Patricia<br>Sunnyvale, Ca 94089  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Castillo Landscaping  | 100.00                      | 250.00  |                                    |
| 10/20/03           | Silicon Valley Assoc. of Realtors<br>345 S. San Antonio Rd<br>Los Altos, Ca 94022            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 500.00                      |   |                                    |
| 10/20/03           | Simmons, David<br>Sunnyvale, Ca 94087  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      |   |                                    |
| 10/20/03           | Bean, William<br>Santa Clara, Ca 95050   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Broker<br>Marcus and Milchap   | 100.00                      |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1200.00</b>              |   |                                    |

**Schedule A Summary**

|   |                         |
|---|-------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.)                             | \$ 3324.00              |
| 2. Amount received this period - unitemized contributions of less than \$100  | \$ 834.00               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | <b>TOTAL \$ 4158.00</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<br/>FORM 460</b> |
| from                    | 10/19/03 |                                |
| through                 | 12/31/03 | Page <u>5</u> of <u>11</u>     |
| NAME OF FILER           |          | ID NUMBER                      |
| Ron Swegles             |          | 1243709                        |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/8/03            | Brandenburg, Staedler and Moore<br>1122 Willow St #200<br>San Jose, Ca 95125                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      |  |                                       |
|                    | Adobe Wells Mobile Home Community 125.00<br>1220 Tasman Dr.<br>Sunnyvale, Ca 94089            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    | Cape Cod Village Community 125.00<br>1050 Borregas Av.<br>Sunnyvale, Ca 94089                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    | Fox Hollow Mobile Community 125.00<br>690 Persian Dr.<br>Sunnyvale, Ca 94089                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    | Willow Ranch Mobile Community 125.00<br>1111 Morse Av.<br>Sunnyvale, Ca 94089                 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500.00</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<br/>FORM 460</b> |
| from                         | 10/19/03 |                                |
| through                      | 12/31/03 | Page <u>6</u> of <u>11</u>     |
| NAME OF FILER<br>Ron Swagles |          | ID NUMBER<br>1243709           |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|--|
| 11/12/03           | Storti, Todd<br>301 Carl Rd<br>Sunnyvale, Ca 94089  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | General Mgr.<br>Greenteam Zanker<br>Of Sunnyvale  | 250.00                      |   |  |
| 10/23/03           | Olsen, Ann<br><br>Sunnyvale, Ca 94089   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Community Admr.<br>Casa De Amigos   | 100.00                      | 350.00  |  |
| 10/23/03           | Noll, Landon<br><br>Sunnyvale, CA 94086   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Programmer<br>Systems Experts   | 100.00                      |   |  |
| 10/31/03           | Whittaker, George<br><br>Sunnyvale, Ca 94087  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | General Mgr.<br>DeAnza Properties   | 800.00                      |   |  |
| 10/31/03           | Nablan, Jerry   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | General Mgr.<br>Specialty Garbage   | 99.00                       | 249.00  |  |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1349.00</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<br>from <u>10/19/03</u><br>through <u>12/31/03</u> | <b>CALIFORNIA FORM 460</b>    |
|  | Page <u>7</u> of <u>11</u>    |
|  | I.D. NUMBER<br><b>1243709</b> |

NAME OF FILER

Ron Swegles

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMERCIAL, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|---|--|
| 11/6/03            | Nanda, Margaret<br>Los Galos, Ca 95032   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Margaret Nanda  | 200.00                      |   |  |
| 11/12/03           | Hinson, Angie<br>Sunnyvale, Ca 94087   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Housewife   | 75.00                       | 125.00  |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |   |  |
| <b>SUBTOTAL \$</b> |  |   |   | <b>275.00</b>               |   |  |

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

**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from 10/19/03  
through 12/31/03

**CALIFORNIA FORM 460**

Page 8 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ron Swegles

I.D. NUMBER

1243709

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN      | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE             |
|---|--|--|------------------------------------|--|--|----------------------------------|-------------------------------------|---|
| Ron Swegles<br>Sunnyvale, Ca 94089<br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Adm'r<br>Willow Ranch  | \$ 1500.00                                       | \$ 500.00                          | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN<br>\$ 0 | \$ 2000.00<br>NONE<br>DATE DUE                     | 0<br>RATE<br>0                   | \$ 1500.00<br>2002<br>DATE INCURRED | CALENDAR YEAR<br>\$ 2000.00<br>PER ELECTION**<br>\$ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$     | \$<br>DATE DUE                                     | %<br>RATE                        | \$<br>DATE INCURRED                 | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$         |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |  | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN<br>\$     | \$<br>DATE DUE                                     | %<br>RATE                        | \$<br>DATE INCURRED                 | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$         |
| <b>SUBTOTALS \$</b>   |  |  |                                    |  |  |                                  |                                     |   |

**Schedule B Summary**

1. Loans received this period ..... \$ 600.00  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 0  
(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 \$** 600.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

(Enter as on Schedule E, Line 3)

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

Statement covers period  
from 10/19/03  
through 12/31/03

SCHEDULED

**CALIFORNIA FORM 460**

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1243709

Ron Swegles

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT   | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 0

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from 10/19/03<br>through 12/31/03 | <b>CALIFORNIA<br/>FORM 460</b> |
| Page 10 of 11  | ID NUMBER<br>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.

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Sellers Associates<br>40 El Toro Av<br>Morgan Hill, Ca 95039                     | CNS     |                        | 7258.00     |
| National Printing 1587.00<br>510 N. First St.<br>San Jose, Ca 95112              | PRT     |                        |             |
| Robert Matloch Direct Marketing 4325.00<br>865 The Alameda<br>San Jose, Ca 95126 | POS     |                        |             |

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

**SUBTOTAL \$ 7258.00**

**Schedule E Summary**

|  |                         |
|--|-------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ 7582.75              |
| 2. Unitemized payments made this period of under \$100   | \$ 166.05               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                    |
| 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 \$ 7748.80</b> |

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

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

SCHEDULE E (CONT.)

|                         |          |                                |
|-------------------------|----------|--------------------------------|
| Statement covers period |          | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 10/19/03 |                                |
| through                 | 12/31/03 | Page 11 of 11                  |
|                         |          | I.D. NUMBER<br>1243708         |

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)*                           | 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                   |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Sellers Associates<br>40 El Toro Av.<br>Morgan Hill, Ca 95037<br>1346.00 | LIT     |                        |             |
| Del Monte Building<br>100 S. Murphy St.<br>Sunnyvale, CA 94086           | MBR     |                        | 324.75      |
|  |         |                        |             |
|  |         |                        |             |
|  |         |                        |             |

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

**SUBTOTAL \$ 324.75**