Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in	Date Stamp	CAL 2	CALIFORNIA 2001/02 FORM	
		Statement covers period from_07/01/2013	Date of election if applicable: (Month, Day, Year)		Page	of For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through_12/31/2013	11/04/2008			
1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. ■ Officeholder, Candidate Controlled Committee Ballot Measure Committee ● State Candidate Election Committee Primary Formed ○ Recall Controlled (Also Complete Part 5.) Sponsored ○ Sponsored Sponsored ○ Small Contributor Committee Primary Formed Candidate/ Officeholder Committee ○ Political Party/Central Committee Officeholder Committee		2. Type of Stateme □ Pre-election Stater ■ Semi-annual State □ Termination Stater □ Amendment (Expla	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495			
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NA Paul Fong for Assembly 2008	AME IF NO COMMITTEE	I.D.NUMBER 1296165	Treasurer(s) NAME OF TREASURER Paul Fong			
STREET ADDRESS (NO P.O. BOX)			MAILING ADDRESS			
CITY Sunnyvale MAILING ADDRESS (IF DIFFERENT) NO. /	STATE ZIP CODI CA 94085-3843 AND STREET OR P.O. BO	(408)746-2056	CITY Sunnyvale NAME OF ASSISTANT TREASUR	STATE CA RER, IF ANY	ZIP CODE 94085-3843	AREA CODE/PHONE 408-966-8180
CITY Novato	STATE ZIP CODI CA 94949-5731		MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS			CITY	STATE	ZIP CODE	AREA CODE/PHONE
415-884-5501			OPTIONAL: FAX/E-MAIL ADDRE	SS		
4 Verification						

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	01/30/2014	By ^{Paul Fong}	
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	01/30/2014	By Paul Fong	
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	
Executed on		By	
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	
Executed on		By	FPPC Form 460 (June/01)
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

AREA CODE/PHONE 408-746-2056

COVER PAGE - PART 2



SUPPORT OPPOSE

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE	
Paul Fong	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF A Sought: State Assembly Person	PPLICABLE)
Assembly District	22
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP
Sunnyvale	CA

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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME Paul Fong for Assembly 2012	I.D.NUMBER 1333630
NAME OF TREASURER	CONTROLLED COMMITTEE?
Paul Fong	YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY Sunnyvale	STATE CA	ZIP C0 94085-38		AREA CODE/PHONE 408-746-2056	
COMMITTEE NAME Paul Fong for Assembly 2012 Officeholder	Account		I.D.NUMBER 1355422		
NAME OF TREASURER			CONTROLLED COMMITTEE?		
Paul Fong			YES	NO NO	
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O.B	OX)			

STATE CA ZIP CODE 94085-3843

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	
DIGHNIGI	110.		/ \ \	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) Ffor which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	

Attach continuation sheets if necessary

CITY

Sunnyvale

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>3</u> 0	of <u>17</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE					
OFFICE SOUGHT OR HELD (INCLUDE LOC	ATION ANI	DISTRIC	T NUMBER I	F APPLICABLE)	
RESIDENTIAL/BUSINESS ADDRESS (NO. A	ND STREE	T) C	ITY	STATE	ZIP
Related Committees Not Inclue not included in this statement that are cont contributions or to make expenditures on b	rolled by y	ou or are	primarily for	List any comr med to receive	nittees
			I.D.NUMBE	R	
Paul Fong for San Jose City Council 2014			1362111		
NAME OF TREASURER			CONTROLI	ED COMMITTE	E?
Paul Fong			YES	NO	
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O.E	BOX)	1		
CITY San Jose	STATE CA	ZIP 0 95117	CODE	AREA CODE 408-966-813	
COMMITTEE NAME			I.D.NUMBE	R	
NAME OF TREASURER					E?
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O.E	SOX)	1		
CITY	STATE	ZIP (CODE	AREA CODE	PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE				
BALLOT NO. OR LETTER	JURISDICTION	N	SUPPORT	
Identify the controlling office	roponent, if any.			
NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT		
OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
Primarily Formed C which this committee is primarily		List names	of officeholde	er(s) or candidate(s) Ffor
NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC	GHT OR HELD	D SUPPORT
NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC		
NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC		
NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC	GHT OR HELD	

Attach continuation sheets if necessary

Campaign Disclosure Statement	Type or print in ink.					SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	d Statement co from		t covers period	CALIFOR	460
	to whole dollars.			/2013	FORM	400
			through $\frac{12/31}{2}$	/2013	Page 4	of <u>17</u>
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBE	R
Paul Fong for Assembly 2008					1296165	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALE	ENDAR YEAR AL TO DATE	Calendar Year Running in Bo General Electi	oth the State	
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00		General Liecti	0115	
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00			1/1 through 6/30	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$0.00		20. Contribution Received	\$0.00	\$0.00
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00		21. Expenditures		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00		Made	\$1,292.61	\$26.00
Expenditures Made				Expenditure L	imit Summa	ry for State
6. Payments Made Schedule E, Line 4	\$26.00	\$2,318.74		Candidates		
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00				ditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$26.00	\$2,318.74		(If Subjec	t to Voluntary Ex	penditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$106,499.	87	Date of Electio (mm/dd/yy)		Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00		(mm/dd/yy))	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$26.00	\$108,818.	61			
Current Cash Statement						
12. Beginning Cash Balance Previous Summary Page, Line 16	\$26.00		Column B, add Column A to the			
13. Cash Receipts Column A, Line 3 above	\$0.00	correspondi	ng amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00		n B of your last e amounts in			
15. Cash Payments Column A, Line 8 above	\$26.00	Column A m	nay be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	figures that subtracted f	should be rom previous			
If this is a termination statement, Line 16 must be zero.		the first repo	unts. If this is ort being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	carry over th				
Cash Equivalents and Outstanding Debts		from Lines 2 any).	2, 7, and 9 (if	*Since January 1, 2	2001. Amounts i	n this section may be
18. Cash Equivalents See instructions on reverse	\$0.00			different from amou	unts reported in	Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$106,499.87					
				FPPC		Form 460 (June/01) ine: 866/ASK-FPPC

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A		Тур	e or print in ink.				SCHEDULE A		
Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	-	CALIFORNIA 460			
				from07/01/201	.5	FUI			
SEE INSTRUCTIONS ON	N REVERSE			through <u>12/31/201</u>	3	Page 5	of <u>17</u>		
NAME OF FILER	-					I.D. Num	ıber		
Paul Fong for Assembly	2008					1296165			
DATE RECEIVED	FULL NAME, MAILING 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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
		□ IND □ COM □ OTH □ PTY □ SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
			SUBTOTAL	\$0.00					
Schedule A Su	ummary					ontributor C	odes		
	d this period - contributions of \$100 or more. edule A subtotals.)			.00	INI	D - Individu M - Recipie			
2. Amount receive	d this period - unitemized contributions of less	than \$100	\$.00		H - Other Y - Political	,		
3. Total monetary	contributions received this period.						Contributor Committee		

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1	Type or print in ink.				ULE B - PART 1				
			Amounts may be rounded			overs period			
Loans Received			to whole dollars		from	3	FORM	460	
SEE INSTRUCTIONS ON REVERSE					through $12/31/2$	2013	Page _6	of _17	
NAME OF FILER							I.D. NUMBER		
Paul Fong for Assembly 2008							1296165		
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	RECEIVED	(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	
				PAID				CALENDAR YEAR	
						% RATE		PER ELECTION**	
					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
						% RATE		PER ELECTION**	
			_		DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
						% RATE		PER ELECTION**	
					DATE DUE		DATE INCURRED		
		SUBTOTALS							
Schedule B Summary 1. Loans received this period.							(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	s less than \$100.)					Г			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that		dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Iso must be hedule A.	
3. Net change this period. (Subtract Lin Enter the net here and on the Summary					Net (may be a neg	ative number)	** If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (or	other than PTY or SCC)	OTH-Other P	TY-Political Party	SCC-Small Cor	ntributor Committee	FPPC	FPPC Fo Toll-Free Helpline	rm 460 (June/01) :: 866/ASK-FPPC	

Schedule B - Part 2 Loan Guarantors		Type or print in Amounts may be to whole doll		Statement covers per from 07/01/2013 through 12/31/2013	eriod	SC CALIFOI FORI Page 7	of <u>17</u>
Paul Fong for Assembly 2008					I	1296165	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMU TO D	LATIVE ATE	BALANCE OUTSTANDING TO DATE
			LENDER		CALENDA	AR YEAR	
			DATE		PER ELECTION (IF REQUIRED) CALENDAR YEAR PER ELECTION (IF REQUIRED) 		
			LENDER				
	COM OTH PTY SCC		DATE				
			LENDER		CALENDA	AR YEAR	
	COM OTH PTY SCC		DATE		PER ELE (IF REQU	CTION JIRED)	
			LENDER		CALENDA	AR YEAR	
	COM OTH PTY SCC	□ COM □ OTH □ PTY			PER ELE (IF REQU	CTION JIRED)	
			SUB	TOTAL	Ente Summary Line 1	r on 7 Page, 7 only.	

Schedule C			Type or	print in ink. ay be rounded					SCHEDULE C
Nonmonetary Contributions Received				ay be rounded ble dollars.	S ^r from	tatement covers po 07/01/2013	eriod	CALIFO FOR	ORNIA 460
SEE INSTRUCT	IONS ON REVERSE				thro	ugh <u>12/31/2013</u>		Page 8	of <u>17</u>
NAME OF FILER Paul Fong for As								I.D. Numb 1296165	er
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□ IND □ COM □ OTH □ PTY □ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER Paul Fong for Assembly 2008		Amounts may be	Type or print in ink. Statement of nounts may be rounded from			CALIFORNIA 460 Page 9 of 17 I.D. NUMBER 1296165		
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 CALENDAR Y (JAN.1 - DEC.	'EAR	то і	LECTION DATE QUIRED)
	Support Oppose Support Oppose Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Independent Monetary Contribution Independent Independent Independent 						
	Support Oppose							
			SUBTOTAL					

Schedule D Summary

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

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE E Schedule E Type or print in ink. Statement covers period CALIFORNIA Amounts may be rounded **Payments Made** FORM to whole dollars. 07/01/2013 from ____ Page <u>10</u> ___ of 17 through <u>12/31/2013</u> SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1296165

Paul Fong for Assembly 2008

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	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		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)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Warren & Associates, LLC Novato, CA 94949	PRO			\$26.00
* Payments that are contributions or independent expenditures must also be summa	arized on Schedule	D.	S	UBTOTAL \$26.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$26.00
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).)	<u>\$0.00</u>
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$26.00

Schedule F Accrued Expenses (Unpaid Bills)				Amounts may be rounded		Statement cove from07/01/201		CALIFORNI FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE			through <u>12/31/201</u>	13	Page <u>11</u>	of <u>17</u>			
NAME OF FILER Paul Fong for Assembly 2008					I.D. NUMBER 1296165				
CODES: If one of the following codes accurately describes	the payment, you may en	ter the code. Otherw	ise, describe the pa	yment.					
CMPcampaign paraphernalia/misc.CNScampaign consultantsCTBcontribution (explain nonmonetary)*CVCcivic donationsFILcandidate filing/ballot feesFNDfundraising eventsINDindependent expenditure supporting/opposing others (explain)*LEGlegal defenseLITcampaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services (PRT print ads	ances earch messenger services	RFD returned of SAL campaigr TEL t.v. or cat TRC candidate TRS staff/spou TSF transfer b VOT voter regi	n workers' salaries ble airtime and pro e travel, lodging, a use travel, lodging between committee	s oduction costs and meals and meals es of the same o	candidate/sponsor ail)			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PA THIS PERIO (ALSO REPORT ON	D BALA	(d) TSTANDING NCE AT CLOSE THIS PERIOD			
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.	00			
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.	00			
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.0	00			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS								
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S			INI						

accrued expenses of \$100 or more.	, plus total unitemized accrued	1 expenses under \$	100.)	INCURRED TOTALS \$0.00
	, p		,	

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	
	PAID TOTALS \$0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	
on the Summary Page. Column A. Line 9.)	NET \$0.00
	May be a negative number.

SCHEDULE F

SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	uation Sheet) to whole dollars.			rs period 3	CALIFORNIA 460	
			through <u>12/31/201</u>	3	Page <u>12</u> of <u>17</u>	
NAME OF FILER Paul Fong for Assembly 2008					I.D. NUMBER 1296165	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings *Payments that are contributions or independent expenditures must also be sum	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ons ances eearch messenger services	RAD radio airti RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	me and productio contributions workers' salarie ble airtime and pr travel, lodging, a lse travel, lodging, etween committe stration	s oduction costs and meals	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PA THIS PERIC (ALSO REPORT O	DD BALANCE AT CLOSE	
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Paul J. Fong Sunnyvale, CA 94086	OFC	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Paul J. Fong Sunnyvale, CA 94086	OFC	\$499.87	\$0.00	\$0.00	\$499.87	
	SUBTOTALS		1	<u> </u>		

SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Type or print in ir Amounts may be rou to whole dollars	Statement cove from07/01/201	•	CALIFORNIA FORM 460	
			through <u>12/31/201</u>	3	Page <u>13</u> of <u>17</u>
NAME OF FILER Paul Fong for Assembly 2008					I.D. NUMBER 1296165
CODES: If one of the following codes accurately describes to the campaign paraphernalia/misc. CMP campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads	ons ances earch messenger services	RAD radio airtii RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi	me and productions contributions workers' salarie le airtime and pr travel, lodging, se travel, lodging, etween committe stration	es roduction costs and meals
*Payments that are contributions or independent expenditures must also be summ NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PA THIS PERIC (ALSO REPORT O	DD BALANCE AT CLOSE
Ross Communications Sacramento, CA 95814	CNS	\$100,000.00	\$0.00	\$0.00	\$100,000.00
	SUBTOTALS	\$106,499.87	\$0.00	\$0.00	\$106,499.87

Schedule G		Type or print in ink		SCHEDULE G
Payments Made by an Agent or Independent		Type or print in ink. Amounts may be rounded	Statement covers period	
Contractor (on Behalf of This Committee)		to whole dollars.	from07/01/2013	FORM 460
SEE INSTRUCTIONS ON REVERSE			through <u>12/31/2013</u> P	age <u>14</u> of <u>17</u>
VAME OF FILER Paul Fong for Assembly 2008				D. NUMBER 296165
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately describes t			erwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member		RAD radio airtime and production of	osts
CNS campaign consultants		and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office exp		SAL campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition c PHO phone ba		TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and	mode
FND fundraising events		nd survey research	TRS staff/spouse travel, lodging, and	
IND independent expenditure supporting/opposing others (explain)*		delivery and messenger services	TSF transfer between committees	of the same candidate/sponso
LEG legal defense		nal services (legal, accounting)	VOT voter registration	
LIT campaign literature and mailings	PRT print ads		WEB information technology costs	(internet, email)
* Payments that are contributions or independent expenditures must also be sum	marized on Schedu	le D.		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	tion of oots		т	DTAL*
Attach additional information on appropriately labeled continua	auon sneets.			

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Sahadula U		Type or print in ink.			SCHEDULE H			
Schedule H –		Amounts may be rounded			Statement covers period		CALIFORN	
Loans Made to Others*			to whole dollars	5.	from07/01/2	013	FORM	[™] 460
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	013	Page <u>15</u>	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
Paul Fong for Assembly 2008							1296165	
		(2)	(b)	(2)	(4)	(2)	(4)	(7)
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
								CALENDAR YEAR
						%		
						RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
								CALENDAR YEAR
						% RATE		PER ELECTION**
						KATE		PER ELECTION
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidat must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS						
						(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary								
1. Loans made this period (Total Column (b) plus unitemized loans							ډ 	* If Required
2. Payments received on loans	nents less than \$100.)							
· · · ·								
3. Net change this period. (Subtract Lin (Enter the net here and on the Summar					NET(May be a ne	gative number)		
								ma 460 (luna/04)

Schedule I		Type or print in ink.	SCHEDULE I			
Miscellaneous Increases to Cash	Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers p			
			from07/01/2013	FORM 40U		
SEE INSTRUCTIONS ON RE	VERSE		through12/31/2013	Page <u>16</u> of <u>17</u>		
NAME OF FILER Paul Fong for Assembly 200)8			I.D. NUMBER 1296165		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
Attach additiona	l information on appropriately labeled continuation sheets.			SUBTOTAL \$.00		
Schedule I Sum	mary					
1. Increases to cash	of \$100 or more this period		\$.00			
2. Unitemized increa	ses to cash under \$100 this period					
3. Total of all interest	t received this period on loans made to others. (Schedule H,	Column (e).)	\$.00			
	us increases to cash this period. (Add Lines 1, 2, and 3. Ente ine 14.)		TOTAL <u>\$.00</u>			

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: Additional committee: Paul Fong for San Jose City Council 2014 - FPPC#1362111 - Treasurer - Paul Fong 408-966-8180 - 3550 Alden Way #11, San Jose, CA 95117