

STATEMENT OF ECONOMIC INTERESTS

Date Received  
FEB 28 2013

COVER PAGE

BY: [Signature]

Please type or print in ink.

2013 FEB 28 PM 4:17



NAME OF FILER (LAST) Fong (FIRST) Paul (MOOLE) J.

1. Office, Agency, or Court

Agency Name  
California State Legislature  
Division, Board, Department, District, if applicable  
Your Position  
Assemblymember - elected official

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/26/13  
(month, day, year)

Signature



# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Paul Fong

▶ NAME OF BUSINESS ENTITY  
The Flower Cottage

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Retail Florist

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
P.F. Properties

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Real Estate Brokerage

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ [Describe]  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More [Report on Schedule C]

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/12      \_\_\_\_\_/\_\_\_\_\_/12  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_







**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
John A. Perez for Assembly 2012  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa #4050, Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 04 / 12</u>	<u>\$ 39.00</u>	<u>Engraved box</u>
<u>12 / 02 / 12</u>	<u>\$ 85.80</u>	<u>Engraved glass bowl</u>
<u>12 / 02 / 12</u>	<u>\$ 49.40</u>	<u>Welcome Reception</u>

▶ NAME OF SOURCE (Not an Acronym)  
League of California Cities  
 ADDRESS (Business Address Acceptable)  
1400 K Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 12</u>	<u>\$ 19.16</u>	<u>Legislative Reception</u>
<u>04 / 25 / 12</u>	<u>\$ 37.01</u>	<u>Legislative Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
Synopsys  
 ADDRESS (Business Address Acceptable)  
700 E. Middlefield Rd., Mountain View, CA 94043  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 12</u>	<u>\$ 75.79</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
California Association of Winegrepe Growers  
 ADDRESS (Business Address Acceptable)  
1325 J Street, Suite 1560, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 12</u>	<u>\$ 37.63</u>	<u>Legislative Reception</u>
<u>05 / 21 / 12</u>	<u>\$ 22.01</u>	<u>Legislative Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
California Charter Schools Assocation  
 ADDRESS (Business Address Acceptable)  
1107 Ninth Street, Suite 200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 17 / 12</u>	<u>\$ 66.08</u>	<u>Legislative Reception</u>
<u>02 / 27 / 12</u>	<u>\$ 19.20</u>	<u>Conference Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE (Not an Acronym)  
California Health Institute  
 ADDRESS (Business Address Acceptable)  
888 Prospect Street, Suite 220, LaJolla, CA 92037  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 12</u>	<u>\$ 142.54</u>	<u>Reception and Dinner*</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

Comments: \*CHI and BioMed were co-sponsors of reception and dinner. Cumulative total is: \$285.08.

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**BioMed**  
 ADDRESS (Business Address Acceptable)  
**400 Oyster Point Blvd., So. San Francisco, CA 94080**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	\$ 142.54	Reception and Dinner*
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**SIEPR-Stanford Institute for Economic Policy Resear**  
 ADDRESS (Business Address Acceptable)  
**366 Gevez Street, Stanford, CA 94305-6015**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Policy and economic research**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 12	\$ 95.00	Policy Summit dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Democratic Party**  
 ADDRESS (Business Address Acceptable)  
**1401 21st Street, #200, Sacramento, CA 95811**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	\$ 135.38	Legislatie policy meel
08 / 15 / 12	\$ 39.15	Legislative breakfast
11 / 08 / 12	\$ 61.71	Caucus Lunch

▶ NAME OF SOURCE (Not an Acronym)  
**Wine Institute**  
 ADDRESS (Business Address Acceptable)  
**915 L Street, Sulte 1400, Sacramento, CA 95814**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 12	\$ 66.23	Legislative Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**CTIA - The Wireless Association**  
 ADDRESS (Business Address Acceptable)  
**1400 16th Street, NW, Ste., Washington, DC 20036**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Wireless Industry Trade Associetion**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 29 / 12	\$ 82.31	Legislative Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Cattlemen's Association**  
 ADDRESS (Business Address Acceptable)  
**1221 H Street, Sacramento, Ca 95814-1910**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Cattle Industry Trade Association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 12	\$ 75.00	Reception end dinner
03 / 21 / 12	\$ 30.00	Legislative Breakfast
03 / 21 / 12	\$ 20.00	Cowboy Hat

Comments: \*CHI and BioMed were co-sponsors of reception and dinner. Cumulative total is: \$285.08

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**CalChamber**  
 ADDRESS (Business Address Acceptable)  
**1215 K Street, Suite 1400, Sacramento, CA 95814**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 12	\$ 57.59	Int'l Trade Forum Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Silicon Valley Leadership Group**  
 ADDRESS (Business Address Acceptable)  
**2001 Gateway Pl., Suite 101E, San Jose, CA 95110**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 12	\$ 48.00	Caucus Dinner
09 / 21 / 12	\$ 45.00	Forum Breakfast
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Francisco 49ers**  
 ADDRESS (Business Address Acceptable)  
**4949 Centennial Blvd., Sante Clara, CA 95054**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Professional Football Team**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 12	\$ 56.00	Hardhats
04 / 19 / 12	\$ 350.00	Reception*
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Judges Association**  
 ADDRESS (Business Address Acceptable)  
**88 Kearny St., Suite 1850, San Francisco, CA 94108**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 12	\$ 100.26	Justice Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Entertainment Software Association**  
 ADDRESS (Business Address Acceptable)  
**575 7th Street, NW, Ste. 300, Washington, DC 20004**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Software Industry Trade Association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 12	\$ 34.46	Video Games Forum
05 / 02 / 12	\$ 169.59	Reception and Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Physical Therapy Association**  
 ADDRESS (Business Address Acceptable)  
**1990 Del Paso Road, Sacramento, CA 95834**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 12	\$ 79.39	Leadership Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \*Assemblymember Paul Fong's daughter accompanied him to event as his guest. The gift totals are the cumulative amounts for two individuals.

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**Kaiser Foundation Health Plan, Inc.**

ADDRESS (Business Address Acceptable)  
**80 Great Oaks Blvd., San Jose, CA 95119**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Public Affairs**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 12	\$ 100.00	Leadership luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**California Correctional Peace Officers Association**

ADDRESS (Business Address Acceptable)  
**755 Riverpoint Drive, West Sacramento, CA 95605**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Public Safety**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 12	\$ 135.51	Conference Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 Independent Voter Project

ADDRESS (Business Address Acceptable)  
 101 West Broadway, Suite 1460

CITY AND STATE  
 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): 11 / 12 / 12 - 11 / 15 / 12 AMT: \$ 2,491.59  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

**\*\*See explanation below.\*\***

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

---

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \*\*Amount is a cumulative total of accommodations, meal and beverages in connection with participation in panel discussions at policy conference.



RECEIVED

APR 05 2013

BY: Wfga

SCHEDULE D  
Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

▶ NAME OF SOURCE (Not an Acronym)  
Synopsys  
ADDRESS (Business Address Acceptable)  
700 E. Middlefield Rd., Mountain View, CA 94043  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Electronic design automation (EDA)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 12</u>	<u>\$ 75.79</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
BayBlo BioMed  
ADDRESS (Business Address Acceptable)  
400 Oyster Point Blvd., So. San Francisco, CA 94080  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Biomedical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 12</u>	<u>\$ 142.54</u>	<u>Reception and Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

**Filer's Verification**

Print Name Paul Fong

Office, Agency or Court State Legislature

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 4/4/13

Filer's Signature (d)(5)

Comments: \_\_\_\_\_