

MAR 3 2014
Official Use Only

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

BY: [Signature]

TM

Please type or print in ink.

2014 MAR - 3 PM 3:55

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Legislature

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2013, through December 31, 2013.
- or-
- Leaving Office: Date Left ____/____/_____
(Check one)
 - The period covered is January 1, 2013, through the date of leaving office.
 - The period covered is ____/____/_____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/_____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

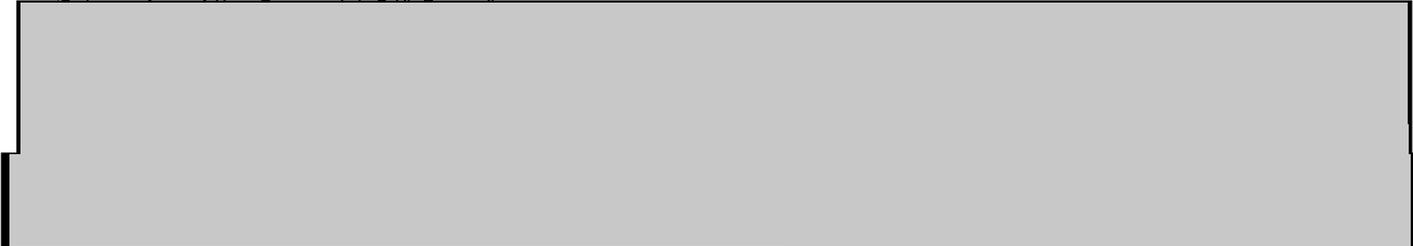
Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 2/27/14 Signature _____
(month, day, year)

SCHEDULE D
Income – Gifts

AMENDMENT

▶ NAME OF SOURCE (Not an Acronym)
California Asian Pacific Chamber of Commerce
ADDRESS (Business Address Acceptable)
2012 H Street, Suite 101, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce - business promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	\$ <u>25</u>	<u>Reception</u>
<u>02 / 11 / 13</u>	\$ <u>50</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Planned Parenthood Advocacy Rights Project, L.A.
ADDRESS (Business Address Acceptable)
400 West 30th Street, Los Angeles, CA 90007
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Family planning and health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 28 / 13</u>	\$ <u>54</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
East West Bank and E-Services, Inc.
ADDRESS (Business Address Acceptable)
135 No. Los Robles Ave., 7th Flr, Pasadena, CA 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 22 / 13</u>	\$ <u>54</u>	<u>Reception</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 J Fong

Office, Agency or Court State Legislature

Statement Type 2013/2014 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

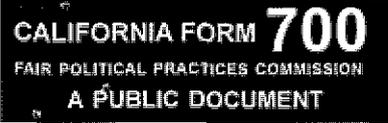
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/27/14

Filer's Signature (d)(5)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS

FEB 6 2014 Date Received Official Duty

COVER PAGE

RECEIVED BY: [Signature]

Please type or print in ink.



2014 FEB 10 PM 2:18

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Legislature

Division, Board, Department, District, if applicable

Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

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

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual, Assuming Office, Candidate, Leaving Office, The period covered is...

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 8

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

(d)(5) [Redacted]

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/27/14 (month, day, year)

Signature (d)(5) [Redacted]

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 THIS BUSINESS
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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
P.F. Properties

GENERAL DESCRIPTION OF THIS BUSINESS
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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

Name
PAUL FONG

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 13</u>	<u>\$ 95.19</u>	<u>Policy Meeting Dinner</u>
<u>02 / 26 / 13</u>	<u>\$ 123.94</u>	<u>Policy Summit Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Judges Association

ADDRESS (Business Address Acceptable)
925 I Street, Suite 1250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Judicial

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 13</u>	<u>\$ 53.14</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
ORACLE

ADDRESS (Business Address Acceptable)
500 Oracle Parkway, Redwood Shores, CA 94065

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 24 / 13</u>	<u>\$ 76.16</u>	<u>Tour and Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Association of Realtors

ADDRESS (Business Address Acceptable)
525 South Virgil Ave., Los Angeles, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 13</u>	<u>\$ 59.00</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Ocean Conservancy

ADDRESS (Business Address Acceptable)
1300 19th St., NW, 8th Floor, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marine Conservation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 05 / 13</u>	<u>\$ 86.60</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Monterey Bay Aquarium Foundation

ADDRESS (Business Address Acceptable)
886 Cannery Row, Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ocean Conservancy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 13</u>	<u>\$ 115.46</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
PAUL FONG

▶ NAME OF SOURCE (Not an Acronym)
Family Business Association

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2120

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 13</u>	<u>\$ 53.42</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 So. Figueroa St., #4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 13</u>	<u>\$ 74.75</u>	<u>Personalized Jacket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
El Camino Hospital

ADDRESS (Business Address Acceptable)
2500 Grant Road, Mountain View, CA 94040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 13</u>	<u>\$ 65.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation

ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd., Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 05 / 13</u>	<u>\$ 65.62</u>	<u>Policy dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Apple Inc.

ADDRESS (Business Address Acceptable)
1 Infinite Loop, Cupertino, CA 95014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
High Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 13</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Newspaper Publishers Association

ADDRESS (Business Address Acceptable)
2000 O Street, Ste. 120, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Media

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 13</u>	<u>\$ 52.18</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
California Health Institute

ADDRESS (Business Address Acceptable)
888 Prospect Street, Suite 220, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 13</u>	<u>\$ 51.42</u>	<u>Reception & 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)
BayBio

ADDRESS (Business Address Acceptable)
400 Oyster Pt. Blvd., Ste 221 So. San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bio Medicine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 13</u>	<u>\$ 51.42</u>	<u>Reception & 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>

▶ 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>

Comments: *Reception was a joint venture. Combined total for California Healthcare Institute BioMed Reception and Dinner is \$102.84.