

Recipient Committee Campaign Statement
 over Page
 Government Code Sections 84200-84218.5)

Type or print in ink.

COVER PAGE

Date Stamp	CITY OF SUNNYVALE CITY CLERK'S OFFICE	CALIFORNIA 2001/02 FORM	460
2003 JUL 29 P 4:49		Page <u>1</u> of <u>15</u>	
		For Official Use Only	

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	Date of election if applicable: (Month, Day, Year) <u>11-4-03</u>
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SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election Statement - Attach Form 495

Committee Information I.D. NUMBER 125 3414

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
FRIENDS OF DEAN CHU

STREET ADDRESS (NO P.O. BOX)
1278 MANDARIN DRIVE

CITY SUNNYVALE STATE CA ZIP CODE 94087 AREA CODE/PHONE 408 732-7776

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
Fax 408-524-2782 ELECTDEANCHU@AOL.COM

Treasurer(s)

NAME OF TREASURER
GLEN LABARBER

CITY SUNNYVALE, CA STATE _____ ZIP CODE 94087 AREA CODE/PHONE 408 736-5900

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 July 29, 2003
 Executed on July 29, 2003

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

i. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DEAN CHU

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY OF SUNNYVALE CITY COUNCIL SEAT #4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1278 MANDALIN DR SUNNYVALE CA 94087

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <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? <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 <input type="checkbox"/> OPPOSE
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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
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>15</u>
I.D. NUMBER <u>125 3414</u>	

INSTRUCTIONS ON REVERSE
PAGE OF FILER

Friends of DEAN CHU

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions Schedule A, Line 3	\$ <u>8,122</u>	\$ <u>8,122</u>
2 Loans Received Schedule B, Line 3	\$ <u>6,000</u>	\$ <u>6,000</u>
3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>14,122</u>	\$ <u>14,122</u>
4 Nonmonetary Contributions Schedule C, Line 3	\$ <u>350</u>	\$ <u>350</u>
5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>14,472</u>	\$ <u>14,472</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6 Payments Made Schedule E, Line 4	\$ <u>6,188.49</u>	\$ <u>6,188.49</u>
7 Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,188.49</u>	\$ <u>6,188.49</u>
9 Accrued Expenses (Unpaid Bills) Schedule F, Line 2	\$ <u>0</u>	\$ <u>0</u>
10 Nonmonetary Adjustment Schedule G, Line 3	\$ <u>0</u>	\$ <u>0</u>
11 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,188.49</u>	\$ <u>6,188.49</u>

**Expenditure Limit Summary for State
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12 Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>
13 Cash Receipts Column A, Line 3 above	\$ <u>14,122</u>
14 Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15 Cash Payments Column A, Line 8 above	\$ <u>6,188.49</u>
16 ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,933.51</u>

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

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 8 (if any).

LOAN GUARANTEES RECEIVED Schedule E, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

Cash Equivalents See instructions on reverse	\$ <u>0</u>
Outstanding Debts Add Line 2 + Line 5 in Column B above	\$ <u>6,000</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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>15</u>	I.D. NUMBER <u>125 3414</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
FRIENDS OF DEAN CHU

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)
4/21/03	Glen La Barber Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor/ Hill Co Realtors	100	100	100
4/26/03	MAX Chu SANTA CLARA, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000	1,000	1,000
4/26/03	Jeffrey Chu SAN FRANCISCO, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY, Hanson Bridgett	1,000	1,000	1,000
4/26/03	LARRY Stover Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Assessor, Santa Clara County	100	100	100
4/26/03	Bob Roberts Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				<u>2,300</u>		

Schedule A Summary

Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$ 6,975

Amount received this period - unitemized contributions of less than \$100 \$ 4,147

Total monetary contributions received this period. **TOTAL \$** 8,122

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

*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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>15</u>
	I.D. NUMBER <u>1253414</u>

NAME OF FILER

Friends of DEAN CHU

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)
4/26/03	Friends of KANSEN CHU SAN JOSE, CA 95132	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner/ Harbor Village	250	250	250
4/26/03	CARL KANARI SAN JOSE CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Lockheed Martin	150	150	150
4/26/03	Friends of JULIA Miller FPPC 971371 SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAYOR, City of Sunnyvale	100	100	100
4/26/03	PAT CASTILLO SUNNYVALE, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-OWNER, CASTILLO + CASTILLO LANDSCAPING	100	100	100
4/26/03	YOLANDA RISCH Risch SUNNYVALE CA, 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL ASST/ Cooley Goodland	100	100	100
SUBTOTAL \$				<u>700</u>		

*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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FOR: 460
	Page <u>6</u> of <u>15</u>
	I.D. NUMBER <u>1253414</u>

NAME OF FILER

Friends of DEAN CHU

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)
<u>4/26/03</u>	<u>GILBERT WONG</u> <u>Cupertino, CA 95014</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Property Manager,</u> <u>Wong Young Development Co</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>4/26/03</u>	<u>SPENCER TSAI</u> <u>Sunnyvale, CA 94087</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Engineer/</u> <u>Appro</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>4/26/03</u>	<u>GRACE WITT</u> <u>Cupertino, CA 95014</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Unemployed</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>4/26/03</u> <u>5/1/03</u>	<u>DICK SMITH</u> <u>Sunnyvale CA 94088</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Undertaker/</u> <u>Wyatt + Smith</u>	<u>250</u>	<u>250</u>	<u>250</u>
<u>4/26/03</u> <u>5/1/03</u>	<u>DARLA KETSCHER</u> <u>Clovis, CA 93611</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>MEDICAL RECORDS</u> <u>Consultant/</u> <u>Self-Employed</u>	<u>250</u>	<u>250</u>	<u>250</u>
SUBTOTAL \$				<u>800</u>		

*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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>15</u>	I.D. NUMBER <u>1253414</u>

NAME OF FILER

Friends of DEAN CHU

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)
5/1/03	Robert LAWSON SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Self Employed	150	150	150
5/1/03	NAOMI LEWIS SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
5/1/03	Don Petters SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor/ Coldwell Banker	100	100	100
5/1/03	Fred Hill SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor/ Hill & Co Realtors	100	100	100
5/1/03	So Loer SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	100	100
SUBTOTAL \$				550		

*Contributor Codes

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

Module A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>15</u>	I.D. NUMBER <u>153414</u>

NAME OF FILER Friends of DEAN CHU

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)
5/5/03	Emily Chu for Assembly 2004 FPPC 1250390 Beverly Hills, CA 90211	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assembly member, State of California	1,000	1,000	1,000
5/10/03	John Howe Sunnyvale CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Self Employed	100	100	100
5/10/03	Michael Mori Sunnyvale CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Sycard Tech	100	100	100
5/18/03	Eileen Keran Sunnyvale CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker/ Silicon Valley Bank	100	100	100
5/21/03	David Delozier Santa Clara, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance/ Peterson Insurance	100	100	100
SUBTOTAL \$				1,400		

*Contributor Codes

IND - Individual
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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Module A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>15</u>	F.D. NUMBER <u>1253414</u>

NAME OF FILER
Friends of Dean Chu

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)
5/21/03	REGIS. McKENNA SUNNYVALE, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	250
5/21/03	DIANNE MCKENNA SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250	250	250
5/28/03	MICHAEL KLING KLEIN SUNNYVALE CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker State Farm Insurance	125	125	125
6/11/03	Rod Dironos, Jr SANTA CLARA, CA 95050	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member City of Santa Clara	100	100	100
6/15/03	Dr. Kathryn Riley Mountain View, CA 94043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chiropractor/ Riley Chiropractic	100	100	100
SUBTOTAL \$				925		

*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 from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>15</u>	I.D. NUMBER <u>1253414</u>

NAME OF FILER

Friends of DEAN CHU

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)
<u>6/17/03</u>	<u>Arthur TOM SARATOGA, CA 95070</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired/Realtor</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>6/25/03</u>	<u>Virginia Lee SARATOGA, CA 95070</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Homemaker</u>	<u>200</u>	<u>200</u>	<u>200</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>400</u>		

*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.

SCHEDULE B - PART 1

Statement covers period
from 1-1-03
through 6-30-03

CALIFORNIA FORM 460
Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Dean Chu

I.D. NUMBER
1253414

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMPANY SEE 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 RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(3) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(4) INTEREST PAID THIS PERIOD	(5) ORIGINAL AMOUNT OF LOAN	(6) CUMULATIVE CONTRIBUTIONS TO DATE
<u>DEAN Chu</u> <u>SUNNYVALE, CA 94007</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0</u>	\$ <u>5000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5000</u> DATE DUE _____	\$ <u>0</u> RATE _____	\$ <u>5000</u> <u>2/7/03</u> DATE INCURRED	CALENDAR YEAR \$ <u>5000</u> PER ELECTION** \$ _____
<u>MAY CHU</u> <u>SANTA CLARA, CA 95051</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	\$ <u>0</u>	\$ <u>1000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1000</u> DATE DUE _____	\$ <u>0</u> RATE _____	\$ <u>1,000</u> <u>4/24/03</u> DATE INCURRED	CALENDAR YEAR \$ <u>1000</u> PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	\$ _____ RATE _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$ <u>6000</u>	\$ <u>0</u>	\$ <u>6000</u>	\$ <u>0</u>			

Schedule B Summary

- Loans received this period \$ 6000.00
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 6000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(Enter (a) 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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>15</u>
	I.D. NUMBER <u>125 3414</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of DEAN CHU

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>4/26/03</u>	<u>Alice Freund SUNNYVALE, CA 94087</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>ARTIST, Self Employed</u>	<u>Food / Plates Eating Utensils</u>	<u>\$ 175</u>	<u>175</u>	<u>175</u>
<u>5/15/03</u>	<u>DAVE SIMONS SUNNYVALE CA 94087</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Engineer, unemployed</u>	<u>SOFTWARE</u>	<u>\$ 140</u>	<u>\$ 140</u>	<u>140</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 315

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$ 315
- Amount received this period - unitemized nonmonetary contributions of less than \$100..... \$ 35
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... TOTAL \$ 350

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

**Schedule E
Payments Made**

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

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>15</u>
	I.D. NUMBER <u>1253414</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

FRIENDS OF DEAN CHU

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | M&R member communications | RAD radio airtime and production costs |
| CS 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 |
| 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 | T&F transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Pacific Printing 2260 Monterey Rd San Jose, CA 95112</u>	<u>CMP</u>		<u>341.49</u>
<u>City of Sunnyvale P.O. Box 3707 Sunnyvale CA 94088</u>	<u>FND</u>		<u>180.00</u>
<u>DiDakis 1952 El Camino Real Mountain View CA 94040</u>	<u>FND</u>		<u>104.83</u>
SUBTOTAL \$			<u>626.32</u>

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>5689.77</u>
2. Unitemized payments made this period of under \$100	\$ <u>498.72</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>6188.49</u>

chedule E
Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from <u>1-1-03</u> through <u>6-30-03</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>15</u>	
I.D. NUMBER 134 <u>1253414</u>	

SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

FRIENDS OF DEAN CHAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CS 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
FL candidate filing/ballot fees	PNO phone banks	TRC candidate travel, lodging, and meals
FNO fundraising events	FOL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSP transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DEAN CHAN LOS GATOS, CA 95030	CNS		1200
D & M Promotions 1076 Rembrandt Dr SUNNYVALE CA 94087	CMP		628.15
Pat Kirk Photographs 180 South First St Campbell, CA 95008	CMP		430
Seller Associates 46 EL Toro Avenue Morgan Hill, CA 95037	LIT		1781
Take Flight Graphics 1242 Ginasborough Dr SUNNYVALE CA 94087	WEB		550 550

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

SUBTOTAL \$ 4589.15

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

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

Statement covers period
from 1-1-03
through 6-30-03

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of DEAN CHU

I.D. NUMBER
125 3414

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 | lv. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>D + M Productions 1076 Rembrandt Dr SUNNYVALE CA 94087</u>	<u>CMP</u>		<u>336.49</u>
<u>ARC GAS 140 So Montgomery St SAN JOSE CA 95110</u>	<u>CMP</u>		<u>137.81</u>

SUBTOTAL \$ 474.30

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