

Recipient Committee  
Campaign Statement  
Cover Page

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA 460  
2001/02  
FORM

Page 1

For Official Use Only

Statement covers period  
from 9/21/03  
through 10-18-03

Date of election if applicable:  
(Month, Day, Year)  
11-4-03

INSTRUCTIONS ON REVERSE

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 Committees

(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

Committee Information

I.D. NUMBER 1253414

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of DEAN CHU

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

CITY STATE ZIP CODE AREA CODE/PHONE  
SUNNYVALE CA 94087 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 408-524-9782 Elect DEANCHU@AOL.COM

Treasurer(s)

NAME OF TREASURER  
GLEN LABARBER

MAILING ADDRESS  
700 So BERNARDO AV, ST 101  
CITY STATE ZIP CODE AREA CODE/PHONE  
SUNNYVALE CA 94087 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 10/23/03

Executed on 10/23/03

Executed on

Executed on

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] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in Ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**  
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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  
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
-----------------------	---------------------

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.

Statement covers period  
from 9-21-03  
through 10-18-03

CALIFORNIA FORM **460**  
Page 3 of 11  
I.D. NUMBER  
1253414

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of DEAN CHU

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>3845</u>	\$ <u>18205</u>
2. Loans Received	Schedule B, Line 3	\$ <u>0</u>	\$ <u>6000</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>3845</u>	\$ <u>24205</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>2150</u>	\$ <u>2500</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5995</u>	\$ <u>26705</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		Column A	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>12,058.26</u>	\$ <u>24,102.12</u>
7. Loans Made	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>12,058.26</u>	\$ <u>24,102.12</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>12,058.26</u>	\$ <u>24,102.12</u>

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	
____/____/____	\$ _____	
____/____/____	\$ _____	
____/____/____	\$ _____	
____/____/____	\$ _____	
____/____/____	\$ _____	

Current Cash Statement		Column A
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>8314.14</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>3845</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ _____
15. Cash Payments	Column A, Line 8 above	\$ <u>12,058.26</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>100.88</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>		
18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>6,000.00</u>

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>9-21-03</u> through <u>10-18-03</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>11</u>
	I.D. NUMBER <u>1253414</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)
9/23/03	BAY AREA UNION LABOR PARTY TEAMSTER #350 295 89th St Ste 304 Daly City CA 94015	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teamster 350 FPPC 810747	250	250	250
9/23/03	DAVID SIMONS 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 Engineer	200	200	200
9/23/03	THOM BREANT SAN CARLOS CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director, Workplace Resources/ Network Appliance	100	100	100
9/23/03	JAMES KIM SAN JOSE CA 95135	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Rainbow Cleaners	100	100	100
9/26/03	SUN PAC 101 W. OLIVE AV SUNNYVALE CA 94086	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC 1245924	1000	1000	1000

SUBTOTAL \$ 1650

**Schedule A Summary**

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	<u>17 NAMES</u>	\$ <u>3400</u>
2. Amount received this period - unitemized contributions of less than \$100	<u>10 NAMES</u>	\$ <u>445</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)		\$ <u>3845</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>9-21-03</u>	<b>CALIFORNIA FORM 460</b>
through <u>10-18-03</u>	
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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)
10/7/03	Holly LoSgren Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Volunteer	50	125	125
10/10/03	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	200	200
10/12/03	Dr. Michael Chang Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Professor/ De Anza College	100	100	100
10/12/03	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	50	150	150
10/12/03 <del>10/12/03</del>	Mohinder MANN San Jose CA 95126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/ The Mand Law Firm	150	150	150
<b>SUBTOTAL \$</b>				<b>450</b>		

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

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>9-21-03</u> through <u>10-18-03</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>11</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)
11/2/03	YOLANDA RISCH SUNNYVALE, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL ASST/ Cody Goodard	50	190	190
10/16/03	CALIFORNIA LEAGUE OF CONSERVATION VOTERS, SANTA CLARA CHAPTER P.O. Box 1861, SAN JOSE, CA 95109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC # 95348	100	100	100
10/3/03	KONNIE JACOBSON LOS ALTOS HILLS, CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed/ WRITER	100	100	100
10/13/03	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	Landscaping Castillo + Castillo	50	250	250
10/15/03	CREPAC (SILICON VALLEY) BAR PAC CANDIDATE 525 South Virgil Av, Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC 490106	500	500	500
SUBTOTAL \$				800		

\*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.

Statement covers period  
 from 9-21-03  
 through 10-18-03

CALIFORNIA FORM **460**

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I.D. NUMBER

1253414

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>10/15/03</u>	<u>CREPAC (SANTA CLARA County)</u> <u>BOMBAC Candidate Support</u> <u>525 So Virgil Av Los Angeles, CA 90020</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FPPC 890106</u>	<u>250</u>	<u>250</u>	<u>250</u>
<u>10/18/03</u>	<u>Peace Officers Research Assn of Cal</u> <u>2495 NATOMAS PARK DR</u> <u>SACRAMENTO, CA 95833</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	<u>FPPC 810430</u>	<u>250</u>	<u>250</u>	<u>250</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 \$

250  
500

\*Contributor Codes

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

Schedule B - Part 1  
Loans Received

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

Statement covers period  
from 9-21-03  
through 10-18-03

CALIFORNIA FORM **460**  
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INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Dean Chu

I.D. NUMBER  
125 3414

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	(b) AMOUNT RECEIVED THIS PERIOD	(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
DEAN CHU SUNNYVALE CA 94087 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5000	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000 DATE DUE	0 % RATE	\$ 5000 2/7/03 DATE INCURRED	CALENDAR YEAR \$ 5000 PER ELECTION**
DEAN 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	\$ 1000	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1000 DATE DUE	0 % RATE	\$ 1000 4/26/03 DATE INCURRED	CALENDAR YEAR \$ 1000 PER ELECTION**
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
SUBTOTALS		\$ 0	\$ 0		\$ 6000	\$ 0		

Schedule B Summary

Loans received this period ..... \$ 0  
(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 \$ 0  
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  
ID - 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 9-21-03  
through 10-18-03

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Friends of Dean Chu*

I.D. NUMBER  
1253414

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 OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>10/1/03</i>	<i>Public Safety Officers Assn P.O. Box 60372 Sunnyvale CA 94088</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>FPPC 990921</i>	<i>LIT</i>	<i>2150</i>	<i>2150</i>	<i>2150</i>
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2150

**Schedule C Summary**

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 2150
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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 \$ 2150

**\*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>9-21-03</u>	<b>CALIFORNIA FORM 460</b>
through <u>10-18-03</u>	
Page <u>10</u> of <u>11</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.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants<br>contribution (explain nonmonetary)*   | MTG meetings and appearances                  | RFD returned contributions                                    |
| CVC civic donations   | OFC office expenses                           | SAL campaign workers' salaries                                |
| FIL candidate filing/ballot fees                                  | FET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FND fundraising events  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| IND independent expenditure supporting/opposing others (explain)* | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| LEG legal defense   | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRO professional services (legal, accounting) | VOT voter registration  |
|   | 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
9/24 BAYMEC P.O. 6296 SAN JOSE, CA 95150	MTG	FPPC 841499 ANNUAL DINNER	125.00
9/29 Chinese Historical Cultural Project P.O. Box 70746 SUNNYVALE CA 94086	MTG	ANNUAL DINNER	100. —
9/29 Chinese Historical Cultural Project P.O. Box 70746 SUNNYVALE CA 94086	PRT	AD in PROGRAM	150. —

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

SUBTOTAL \$ 375. —

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>11528</u>
2. Unitemized payments made this period of under \$100	\$ <u>530.26</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>12058.26</u>

Schedule 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>9-21-03</u> through <u>10-18-03</u>	CALIFORNIA FORM <b>460</b>
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	I.D. NUMBER <u>1253414</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Friends of Sunnyvale*

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                                    |
| 3 contribution (explain nonmonetary)*                             | OFC office expenses                           | SAL campaign workers' salaries                                |
| IC 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  | TSE transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
10/1/03 Silicon Valley Asian Pacific American Tennis Club Northside Community Center 488 N. 6th St San Jose CA	MTG	Ann Dinner	100
10/14/03 RAMADA INN 1217 Wildwood Av Sunnyvale CA 94089	FND	Food/Room Rental	600
10/14/03 Menlo Equities/Jumper LLC 490 CALIFORNIA AV 4th FL PALO ALTO, CA 94306	RFD	Refund of Donation from 8/28/03	2500
10/18/03 Seller Associates 40 EL TORO AV MORGAN HILL, CA 95037	LIT	CAMPAIGN MAILER: Design, Print & Postage	7953

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

SUBTOTAL \$ 11153