

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

Date Stamp

E-Filed  
09/26/2018  
14:07:01

Filing ID:  
173891623

### Statement covers period

from 07/01/2018

through 09/22/2018

### Date of election if applicable: (Month, Day, Year)

11/06/2018

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
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER  
1407832

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Van Le for School Board 2018

STREET ADDRESS (NO P.O. BOX)

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| San Jose | CA    | 95111    | (408) 444-6187  |

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

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| SAN JOSE | CA    | 95151    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
vanle4schoolboard@gmail.com

### Treasurer(s)

NAME OF TREASURER  
Tuyen Phan

MAILING ADDRESS

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| San Jose | CA    | 95116    | (408) 444-6184  |

NAME OF ASSISTANT TREASURER, IF ANY

Cong Pham

MAILING ADDRESS

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| San Jose | CA    | 95111    | (408) 444-6187  |

OPTIONAL: FAX / E-MAIL ADDRESS  
tuyenphan\_2007@yahoo.com

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/26/2018  
Date

By Tuyen Phan  
Signature of Treasurer or Assistant Treasurer

Executed on 09/26/2018  
Date

By VAN LE  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Van Le

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

SCHOOL BOARD TRUSTEE: County of SANTA CLARA

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY     | STATE | ZIP   |
|---|----------|-------|-------|
|   | SAN JOSE | CA    | 95111 |

**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. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|
|                      |              |   |

**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 Candidate/Officeholder 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|                             |            |                                |
|-----------------------------|------------|--------------------------------|
| Statement covers period     |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                        | 07/01/2018 |                                |
| through                     | 09/22/2018 | Page <u>3</u> of <u>10</u>     |
| SEE INSTRUCTIONS ON REVERSE |            | I.D. NUMBER                    |
| NAME OF FILER               |            | 1407832                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Van Le for School Board 2018

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 3,145.00  | \$ 3,145.00                                |
| 2. Loans Received ..... Schedule B, Line 3            | 1,500.00   | 1,500.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 4,645.00  | \$ 4,645.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 1,056.13   | 1,056.13                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 5,701.13  | \$ 5,701.13                                |

## 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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 969.66  | \$ 969.66                                  |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 969.66  | \$ 969.66                                  |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 375.90   | 375.90                                     |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 1,056.13   | 1,056.13                                   |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 2,401.69  | \$ 2,401.69                                |

## Expenditure Limit Summary for State Candidates

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |             |
|--|-------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16                    | \$ 0.00     |
| 13. Cash Receipts ..... Column A, Line 3 above                                     | 4,645.00    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                       | 0.00        |
| 15. Cash Payments ..... Column A, Line 8 above                                     | 969.66      |
| 16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 3,675.34 |

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).

\*Amounts in this section may be different from amounts reported in Column B.

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

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

## Cash Equivalents and Outstanding Debts

|   |             |
|---|-------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 0.00     |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 1,875.90 |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2018 |                            |
| through                 | 09/22/2018 | Page <u>4</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Van Le for School Board 2018 | I.D. NUMBER<br>1407832 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/25/2018    | HOANG DINH<br>SAN JOSE, CA 95111  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher<br>ESUHSD   | 100.00                      | 100.00   |                                       |
| 08/25/2018    | JOSE ESTEVES<br>MILPITAS, CA 95035  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>NONE   | 100.00                      | 100.00   |                                       |
| 08/25/2018    | DUNG LE<br>SAN JOSE, CA 95131   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>NONE   | 100.00                      | 100.00   |                                       |
| 08/25/2018    | HUNG NGUYEN<br>SANTA CLARA, CA 95051  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CONSULTANT<br>HMG   | 300.00                      | 300.00   |                                       |
| 08/25/2018    | ELIZABETH PHAM<br>MELO PARK, CA 94025   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales Opo. Manager<br>Arris Company   | 200.00                      | 200.00   |                                       |

**SUBTOTAL \$** 800.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,950.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,195.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3,145.00

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 07/01/2018 |                                |
| through                        | 09/22/2018 | Page <u>5</u> of <u>10</u>     |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Van Le for School Board 2018 | I.D. NUMBER<br>1407832 |
|---|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/25/2018         | HUNG THAI<br>SAN JOSE, CA 95132   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>NONE   | 150.00                      | 150.00   |                                       |
| 08/25/2018         | HANH TRAN<br>SUNNYVALE, CA 94089  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Customer Service<br>Fry's Electronics   | 100.00                      | 100.00   |                                       |
| 08/27/2018         | JUAN VIGIL<br>SAN JOSE, CA 95127  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>NONE   | 100.00                      | 100.00   |                                       |
| 08/31/2018         | Tuyen Phan<br>San Jose, CA 95116  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance Representative<br>Van Le State Farm<br>Insurance                                    | 100.00                      | 200.00   |                                       |
| 09/01/2018         | Tuyen Phan<br>San Jose, CA 95116  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Insurance Representative<br>Van Le State Farm<br>Insurance                                    | 100.00                      | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 550.00                      |  |                                       |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

|                                |            |                                |
|--------------------------------|------------|--------------------------------|
| <b>Statement covers period</b> |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                           | 07/01/2018 |                                |
| through                        | 09/22/2018 | Page <u>6</u> of <u>10</u>     |

|   |                            |
|---|----------------------------|
| NAME OF FILER<br><br>Van Le for School Board 2018 | I.D. NUMBER<br><br>1407832 |
|---|----------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/05/2018         | CHARLES BERRY<br>SAN JOSE, CA 95121   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>NONE   | 100.00                      | 100.00   |                                       |
| 09/05/2018         | TRI NGUYEN<br>SAN JOSE, CA 95113  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | RETIRED<br>NONE   | 100.00                      | 100.00   |                                       |
| 09/09/2018         | SJ Federation of Teachers<br>SAN JOSE, CA 95161   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 200.00                      | 200.00   |                                       |
| 09/17/2018         | CA Federation of Teachers<br>SACRAMENTO, CA 95814   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 200.00                      | 200.00   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 600.00                      |  |                                       |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2018 |                            |
| through                 | 09/22/2018 | Page <u>7</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Van Le for School Board 2018

I.D. NUMBER

1407832

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN             | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE              |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| VAN LE<br>SAN JOSE, CA 95111  | INSURANCE AGENT<br>BUSINESSOWNER  | \$ 0.00  | \$ 1,500.00                        | <input type="checkbox"/> PAID<br>\$ 0.00<br><input type="checkbox"/> FORGIVEN<br>\$ 0.00 | \$ 1,500.00<br>05/04/2019<br>DATE DUE              | 0%<br>RATE<br>\$ 0.00            | \$ 1,500.00<br>07/19/2018<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1,500.00<br>PER ELECTION**<br>\$ |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$   | \$                                 | \$   | DATE DUE   | \$                               | DATE INCURRED                              | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | \$   | DATE DUE   | \$                               | DATE INCURRED                              | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$   | \$                                 | \$   | DATE DUE   | \$                               | DATE INCURRED                              | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$          |
| <b>SUBTOTALS \$</b>   |   | 1,500.00   | \$                                 | 0.00   | \$   | 1,500.00                         | \$   | 0.00   |

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 1,500.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 1,500.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|                              |            |                                |
|------------------------------|------------|--------------------------------|
| Statement covers period      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                         | 07/01/2018 |                                |
| through                      | 09/22/2018 | Page <u>8</u> of <u>10</u>     |
| NAME OF FILER                |            | I.D. NUMBER                    |
| Van Le for School Board 2018 |            | 1407832                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Van Le for School Board 2018

| 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) |
|--|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 08/25/2018   | NGOC DUNG DOAN<br>SAN JOSE, CA 95122   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | SELF-EMPLOYED<br>HOA LAN BUSINESS OWNER  | FLOWERS FOR<br>FUNDRAISING EVENT | 200.00                    | 200.00  |                                    |
| 08/25/2018   | Golden Harvest Catering, Inc<br>SAN JOSE, CA 95112   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | FOOD FOR<br>FUNDRAISING EVENT    | 756.13                    | 756.13  |                                    |
| 08/25/2018   | MERRY LE<br>SAN JOSE, CA 95131   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Principal<br>Silicon Education<br>Center   | CAKE FOR<br>FUNDRAISING EVENT    | 100.00                    | 100.00  |                                    |
|  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |  |   |  |                                  | <b>SUBTOTAL \$</b>        | 1,056.13  |                                    |

**Schedule C Summary**

|  |                 |          |
|--|-----------------|----------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.) .....                                    | \$              | 1,056.13 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....   | \$              | 0.00     |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... | <b>TOTAL \$</b> | 1,056.13 |

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                              |            |                                |
|------------------------------|------------|--------------------------------|
| Statement covers period      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                         | 07/01/2018 |                                |
| through                      | 09/22/2018 | Page 9 of 10                   |
| NAME OF FILER                |            | I.D. NUMBER                    |
| Van Le for School Board 2018 |            | 1407832                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Van Le for School Board 2018

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

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT           | AMOUNT PAID |
|---|------|----|----------------------------------|-------------|
| Papyrus Printing<br>SAN JOSE, CA 95110                              |      |    | PRINT DONATION ENVELOPES         | 76.48       |
| Golden Harvest Catering, Inc<br>SAN JOSE, CA 95112                  | FND  |    |                                  | 600.00      |
| Cong Pham<br>San Jose, CA 95111                                     |      |    | Reimburse for Yard signs payment | 293.18      |

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

**SUBTOTAL \$** 969.66

**Schedule E Summary**

|  |                 |        |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 969.66 |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 0.00   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | 0.00   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | 969.66 |

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|                              |            |                            |
|------------------------------|------------|----------------------------|
| Statement covers period      |            | <b>CALIFORNIA FORM 460</b> |
| from                         | 07/01/2018 |                            |
| through                      | 09/22/2018 | Page 10 of 10              |
| NAME OF FILER                |            | I.D. NUMBER                |
| Van Le for School Board 2018 |            | 1407832                    |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Van Le for School Board 2018

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

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| 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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Papyrus Printing<br>SAN JOSE, CA 95110                                 | PRT Print Colored<br>Flyers    | 0.00  | 305.90                                | 0.00  | 305.90   |
|  |                                |   |                                       |   |  |
|  |                                |   |                                       |   |  |

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

|                     |        |          |        |        |
|---------------------|--------|----------|--------|--------|
| <b>SUBTOTALS \$</b> | 0.00\$ | 305.90\$ | 0.00\$ | 305.90 |
|---------------------|--------|----------|--------|--------|

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 375.90
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 375.90  
May be a negative number