



2009 MAR -2 PM 5:17A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Tran	Van	Thai	(714) 496-0551
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
8856 Citrus Ave.	Westminster	CA 92683	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
California State Assembly

Division, Board, District, if applicable:
68th Assembly District

Your Position:
State Assemblyman

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of _____

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 8

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Gifts – Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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

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

Date Signed 3/2/09
(month, day, year)

Signature *W. Tran*
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Ven Tran

NAME OF BUSINESS ENTITY: Chyon Corp. Com
GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Video Broadcast Hardware & Software
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:

Comments:

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
CalChamber
 ADDRESS
1215 K Street, Suite 1400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 14 / 08</u>	<u>\$ 56.39</u>	<u>Luncheon</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Wine Institute
 ADDRESS
915 L Street, Suite 1400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 08</u>	<u>\$ 99.48</u>	<u>Leg. Reception</u>
<u>08 / 06 / 08</u>	<u>\$ 48.00</u>	<u>Bottle of Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Farmers Insurance
 ADDRESS
4680 Wilshire Blvd., Los Angeles, CA 90010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Compancy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 08 / 08</u>	<u>\$ 74.34</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Nectar Associates
 ADDRESS
1785 E Sahara Ave Ste 490-555, Las Vegas, NV 891
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 02 / 08</u>	<u>\$ 119.99</u>	<u>Bluetooth Headset</u>
<u>07 / 02 / 08</u>	<u>\$ 24.99</u>	<u>Nectar BlueCLIP</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Union Pacific
 ADDRESS
10031 Foothills Blvd., Roseville, CA 95747
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Railroad Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 07 / 08</u>	<u>\$ 57.00</u>	<u>Dinner</u>
<u>08 / 31 / 08</u>	<u>\$ 26.00</u>	<u>Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
CA Cable and Telecommunications Association
 ADDRESS
1121 "L" Street, Suite 400
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 08</u>	<u>\$ 52.98</u>	<u>Legislative Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
Villines for Assembly 2008
 ADDRESS
PO Box 606, Fresno, CA 93709
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 21 / 08</u>	<u>\$ 53.35</u>	<u>Breakfast Reception</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE
Medtronic
 ADDRESS
710 Medtronic Pkwy, Minneapolis, MN 55432
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 01 / 08</u>	<u>\$ 390.00*</u>	<u>Reception</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: *Value in excess of \$390.00 was reimbursed upon notification from the donor.

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Van Tran

- **Reminder – you must mark the gift or income box.**
- **You are not required to report "income" from government agencies.**

▶ NAME OF SOURCE
DFW Asian American Citizens Council

ADDRESS
107 Westminister Ave.

CITY AND STATE
Murphy, TX 75094

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Organization

DATE(S): 08 / 06 / 08 - 08 / 08 / 08 AMT: \$ 824.00
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Air Travel and Lodging for Speech

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____