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GOVERNOR'S OFFICE
LEGAL AFFAIRS

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Fox	William	J	[redacted]

MAILING ADDRESS (May use business address) STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol	Sacramento	CA	95814	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Governor's Office

Division, Board, District, if applicable:

Your Position:
Deputy Chief of Staff

▶ 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:** _____

▶ **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 4/1/09

Signatur [redacted]

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Will Fox

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Governor Arnold Schwarzenegger & Maria Shriver
ADDRESS: State Capitol, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/08	$ 34.00	popcorn tin
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Will Fox

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

▶ NAME OF SOURCE: California State Protocol Foundation
ADDRESS: 1215 K Street, Suite 1400
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Border Governors Conference
DATE(S): 8/11/08 - 8/15/08 (If applicable) AMT: $ 513.52
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE: California State Protocol Foundation
ADDRESS: 1215 K Street, Suite 1400
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Governor's Global Climate Summit
DATE(S): 11/16/08 - 11/19/08 (If applicable) AMT: $ 725.61
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS:
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): __/__/__ - __/__/__ (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: