

**Recipients Committee
Campaign Statement
Cover Page**

Date Stamp
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CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

MAY 19 2016
2:30pm
City of Torrance
City Clerk's Office

Statement covers period
from 2/24/2016
through 4/23/2016

Date of election if applicable:
(Month, Day, Year)
6/7/2016

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

2nd Amendment to correct additional imperfect

3. Committee Information

I.D. NUMBER
1383301

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DR ENG FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90503

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

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90503

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

GENGHUON ENG

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90503

NAME OF ASSISTANT TREASURER, IF ANY

SOPHIE DREIFUSS

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

TORRANCE CA 90503

OPTIONAL: FAX / E-MAIL ADDRESS

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 19 May 2016
Date

Executed on 19 May 2016
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
GENGH MUN ENG

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
TORRANCE CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] TORRANCE, CA 90503

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 <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 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 <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

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>2/24/2016</u> through <u>4/23/2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1383301</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGHMUN ENG for "DR ENG FOR CITY COUNCIL 2016"

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
DR. GENGHMUN ENG [REDACTED] TORRANCE, CA 90503 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCIENTIST / AEROSPACE	—	\$ 100	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 100 DATE DUE —	0 % RATE \$ 0	\$ 100 3/1/2016 DATE INCURRED	CALENDAR YEAR \$ 100 PER ELECTION** \$ 100
DR. GENGHMUN ENG [REDACTED] TORRANCE, CA 90507 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCIENTIST / AEROSPACE	—	\$ 600	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 600 DATE DUE —	0 % RATE \$ 0	\$ 600 3/10/2016 DATE INCURRED	CALENDAR YEAR \$ 700 PER ELECTION** \$ 700
DR. GENGHMUN ENG [REDACTED] TORRANCE, CA 90503 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCIENTIST / AEROSPACE	—	\$ 300	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 300 DATE DUE —	0 % RATE \$ 0	\$ 300 3/16/2016 DATE INCURRED	CALENDAR YEAR \$ 1000 PER ELECTION** \$ 1000
SUBTOTALS		\$	\$ 1000	\$ 0	\$ 1000	\$ 0		

Schedule B Summary

1. Loans received this period \$ 4400.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 4400.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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 B - Part 1 (continuation sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 2/24/2016
through 4/23/2016

CALIFORNIA FORM 460
Page 4 of 4
I.D. NUMBER
1383301

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

GENGHMUN ENG for "DR ENG FOR CITY COUNCIL 2016"

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
<u>DR. GENGHMUN ENG</u> [REDACTED] <u>TORRANCE, CA 90503</u>	<u>SCIENTIST / AEROSPACE</u>	<u>—</u>	<u>\$ 2100</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2100</u> DATE DUE <u>—</u>	<u>0</u> % RATE <u>0</u>	<u>\$ 2100</u> DATE INCURRED <u>3/31/2016</u>	CALENDAR YEAR <u>3100</u> PER ELECTION** <u>3100</u>
<u>DR. GENGHMUN ENG</u> [REDACTED] <u>TORRANCE, CA 90503</u>	<u>SCIENTIST / AEROSPACE</u>	<u>—</u>	<u>\$ 1300</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 1300</u> DATE DUE <u>—</u>	<u>0</u> % RATE <u>0</u>	<u>\$ 1300</u> DATE INCURRED <u>4/13/2016</u>	CALENDAR YEAR <u>4400</u> PER ELECTION** <u>4400</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u> DATE DUE <u>—</u>	<u>—</u> % RATE	<u>\$</u> DATE INCURRED	CALENDAR YEAR PER ELECTION**
		SUBTOTALS \$ 3400 \$ 0		\$ 3400 \$ 0				

Schedule B Summary

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

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

†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.