Recipie Committee Campaign Statement Cover Page	\$ p	RECEIVED CALIFOR 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 2/24/2016 through 4/23/2016	Date of election if applicable: (Month, Day, Year) ANY 11 2016 For Official Use Only City of Torrance City Clerk's Office
1. Type of Recipient Committee: All 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: Preclection Statement
STREET ADDRESS (NO PO. BOX) CITY CITY CITY CITY CITY CITY CITY STATE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C. CITY STATE CHARLE OPTIONAL: FAX/E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE 90503	Treasurer(s) NAME OF TREASURER GENGHMUN 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
4. Verification I have used all reasonable diligence in preparing and certify under penalty of perjury under the laws of the secuted on	By	knowledge the Information contained herein and in the attached schedules is true and complete. I correct. Signature of Treasurer or Assistant Treasurer Folling Officeholder, Carididate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipie

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVE. AGE-PART 2

CALIFORNIA 460

FORM

Page 2 of 22

			NAME OF BALLOT MEASURE		
NAME OF OFFICEHOLDER OR CANDIDATE					
GENGHMUN ENG			BALLOT NO OR LETTER JURISDICT	ON	r
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTI	ON	SUPPORT
TORRANCE CITY COUN	ICH MEMBER				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP				
(LOIDENT, ILLES OF LOIDENT, IL	F-051.152.51.00		Identify the controlling officeholder, cand	lidate, or state measure p	proponent, if any.
	TORRANCE, CA 905	503	NAME OF OFFICEHOLDER, CANDIDATE, OR P	ROPONENT	
4	*				
Related Committees Not Included in this not included in this statement that are controlled by you	Statement: List any committees		OFFICE SOUGHT OR HELD	DISTRICT	NO. IF ANY
not included in this statement that are controlled by your contributions or make expenditures on behalf of your	candidacy.				
COMMITTEE NAME	I.D. NUMBER				2:
	2		4		
	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Offi officeholder(s) or candidate(s) for which the	ceholder Committee	List names of
NAME OF TREASURER	GOTTITUDE GOTTING			a committee is primarily it	
	Dyes DNO				mmea.
ANALYSIS ADDRESS (NO. E	YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD
COMMITTEE ADDRESS STREET ADDRESS (NO F					LD SUPPOR
	.о. вох)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SUPPOR
					SLD SUPPOR
	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR
	.о. вох)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SUPPOR SUPPOR SUPPOR OPPOSE OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR SUPPOR OPPOSE CD SUPPOR SUPPOR SUPPOR SUPPOR SUPPOR
CITY STATE COMMITTEE NAME	ZIP CODE AREA CODE/PHONE I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE SLD SUPPOR OPPOSE
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COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO F	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SLD SUPPOS SLD SUPPOS SLD SUPPOS SLD SUPPOS SLD SUPPOS SUPPOS SUPPOS SUPPOS SUPPOS

Campai Disclosure Statement Summary Page

Amounts ma rounded to whole dollars.

MMARY PAGE Statement covers period CALIFORNIA FORM through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER GENGHMUN ENG for "DR ENG FOR CVTY COUNCIL 2016" 1383301

Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	* * \$337.70 \$ * \$337.70 \$ * \$337.70 \$ * \$337.70 \$ * \$337.70	* "937.70 "4400.00 * "5337.70 "5337.70	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 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE 6. Payments Made 8. Schedule E, Line 3 8. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE 12. Add Lines 8 + 9 + 10	\$\frac{3956.45}{0.00}\$ \$\frac{3956.45}{0.00}\$ \$\frac{0.00}{3956.45}\$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00 \$337.70 0.00 \$3956.45 \$1381.25	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,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.j

be rounded Amounts to whole dollars.

SCHEDULE A

Statement covers period CALIFORNIA **FORM** from through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGHMUN ENG for "DR ENG FOR CVTY COUNCIL 2016"

1383301

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)
2/24/2016	DR. GENGHMUN ENG TORRANCE, CA 90503	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Scientist/seromage	69.80	69,80	69.80
2/25/2016	TORRANCE, CA 90503	IND COM OTH PTY	scientist/Aerospaso	84,70	154.50	,124.20
2/28/2016	De. GENGHMUN ENG TORRANCE, CA 90503	IND COM OTH PTY	Scientist/ Aerospaco	*31,89	186,39	186.39
3/1/2016	DR. GENGHMUN ENG TORRANCE, CA 90503		Scientist/ Aerospaco	*9,44	195.83	°195,83°
3/3/2016	DR. GENGMMUN ENG TORRANCE, CA 90503	IND COM OTH PTY	Scientist/ Aerospaco	°580,00	1775,83	°175.83

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 1932.70 (Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$

0.00

3. Total monetary contributions received this period. .937,70 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

OTH - Other (e.g., business entity) PTY - Political Party

COM - Recipient Committee

*Contributor Codes IND - Individual

SCC - Small Contributor Committee

(other than PTY or SCC)

FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 2/24/2016 CALIFORNIA FORM

through 4/23/2016 Page 5 of 22

I.D. NUMBER

		Y d	1100	through 4/23	Page	
NAME OF FILER	GENGHMUN ENG FOR	"DR ENG FOR CVT	Y COUNCIL 2016"		1.D. NU	MBER 38330
			IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	PER ELECTION

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)
3/2/2016	TOERANCE, CA 90503	⊠TND □ COM □ OTH □ PTY □ SCC	Scientist/ Aerospaco	3.27	1779.10	• 179.10
3/12/2016	TORRANCE) S. 103	MIND COM OTH PTY	Scientist/ Aerospace	-21.77	*757.33	°757.33
3/14/2016	TORRANCE, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SCIENTIST/ AEXXPAGE	7.06	*764.39	1764.39
3/16/2016	TORRANCE, CA 90503	□ COM □ OTH □ PTY □ SCC	Scientist/Aerospage	8.35	772.74	*772.74
3/28/2016	TORRANCE, CA 90501.	IX IND COM OTH PTY SCC	RETIRED	100.00	*812.74	*872.74
			SUBTOTALS	96.91		

*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

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www.fppc.ca.gov

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Principle of the Control of the Cont	Contributions Rec	,	Í	to whole dollar		NI I		covers period 2/24/2016	CALIFORNIA FORM	460
				<u>%</u>	S. 46	ia ia	through 4	23/2016	Page	of 22
AME OF FILER	GENEMMUN EI	Ja For	"DR ENG	FOR CITY	COUNCIL	2016		0	I.D. NUMBER	301
					IE ALL INDUMDITAL	PARTED	***************************************	011111111111111111111111111111111111111	TO DATE DEC	FIFOTON

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)
4/4/2016	De-GENGMMUN ENG TORRANCE, CA 90503	DAIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Scientist/Aerospace	~ B.27	*881.01	10.188°
4/5/2016	DR. GENGHMUN ENG TORRANCE, CA 90503	⊠IND □ COM □ OTH □ PTY □ SCC	Scientist/Aerogiaco	*6.74	⁶ 887.75	887.75
4/7/2016	TORRANCE, CA 90503	MIND COM OTH PTY	Scients / Aeorpace	\$0.00	917.75	917.75
4/9/2016	DR. GENGMMUN ENG TORRANCE, CA 90503	☑ IND □ COM □ OTH □ PTY □ SCC	Scientist/Aerospace	4,90	922.65	°922.65
4/13/2016	DR. GENGHMUN ENG TORRANCE, CA 40503	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Scientis /Aeospaco	10.69	783.34	7933,34
			SUBTOTAL	160,60		

*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

Amounts may be rounded fo whole dollars.

OTH
PTY
SCC
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SCC

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ioliars.	from 2/24/2016			FORNIA 460
		ĕ		through 4/2	3/2016	Page_	7 of 22
NAME OF FILER	GENGHMUN ENG FOR "DR ENG F	OR CITY C	OUNCIL 2016"			I.D. NU	1383301
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/16/2016	DR. GENGHMUN ENG TORRANCE, C+ 90503	DMIND COM OTH PTY	Scientist/ Aerospaco	*4.36	*937,	70	*937.70
		☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		*			
	.c	☐ IND ☐ COM		10			:9

SUBTOTAL\$ 4.36

*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 ▲ (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 2/24/2016 CALIFORNIA 460 FORM 4/23/2016 Page 5 of 22

NAME OF FILER	GENGHMU	N ENG for "DR EN	G FOR CI	TY COUNCIL 2016"		S	I,D, NUI	383301
DATE RECEIVED	FULL NAME, STREET AU	DDRESS AND ZIP CODE OF CONTRIBUTOR ITTEE, ALSO ENTER I.D. NÜMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
			□IND □COM □OTH □PTY □SCC			11		
	,	26 Av 100	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	а • 2				H
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		* 4			- #
Ec		а в г г	□IND □COM □OTH □PTY □SCC	:: ³	·			
.86	P (5.7)	ix g	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		;·			50
				SUBTOTAL \$	NONE			

*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 . . .ided to whole dollars.

= . V.W	SChE B - PART 1
Statement covers period from 2/24/2016	california 460 form
through 4/23/2016	Page 9 of 22

SEE INSTRU	ICTIONS	ON	REVERSE

NAME OF FILER

GENGHMUN ENG for "DR ENG FOR CITY COUNCIL 2016"

138330

							(Enter (a) on Schedule E, Line 3)		
	19		SUBTOTALS \$;	\$	\$	\$		
ND M	COM OTH PTY SCC					DATE DUE		DATÉ INCURRED	
	TORRANCE, CH 90503	2	s	° 300	,		s_O	3/16/2016	s 1000
		AEROSPACE		200	FORGIVEN		RATE	1 1	PER ELECTION
	DR. GENGHMUN ENG	SCIENTIST/			PAID	300		s 300 €	, 1000
DMI 🔀 IND	COM OTH PTY SCC					DATE DOE		DATE IVOCITIES	CALENDAR YEAR
	TORRANCE, CA 90503	771-255/14	s	s_600	\$_0	DATE DUE	s_0	3 10 2016 DATE INCURRED	, 200
	7.004N05 CA 00CD	SCIENTIST/AEROSPACE	Se er	Wes 10	FORGIVEN		RATE	1.1	PER ELECTION
	DR. GENGHMUN ENG	C-2-7			s 0	, 600	_ O%	<u>, 600 €</u>	, 700
T ND	COM OTH PTY SCC				☐ PAID				CALENDAR YEAR
t —		Mocostage	s	s_100	sO	DATE DUE	sO	3/1/2016 DATE INCURRED	100
	TORDANCE, CA 90503	SCIENTIST/ AEROSPACE		100	FORGIVEN			-/10	PER ELECTION
	DES OBOGRANON CA	Cara Tara		A 1	s_O	: 100	% RATE	· 100 %	s_100
	DR. GENGHMUN ENG		LINOD	2	☐ PAID	1 1		00 (1)	CALENDAR YEAR
	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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
		IS AN INDIVIDUAL ENTED	(a)	(b)	(c)	(d) OUTSTANDING	(e)	(†)	(g)

Sc	chedule B Summary	4	3/1/20 00
1.	Loans received this period	\$ =	7400.00
	(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.)		
	(Include loans paid by a tillid party that are also formized on concedure, and		4400 00
3.	Net change this period. (Subtract Line 2 from Line 1.)	NET \$ _	1700,00
	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:

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Commence of			, al a al	W7			SCI.	.E.BPART 1
Schedule B - Part 1 (Continu	iationsheet) Am	ounts may be . to whole dollars		ſ	Statement cov	1	CALIFORN	^{IA} 460
Loans Received					from2/24	/2016	FORM	
CET INSTRUCTIONS ON REVERSE			£		through 4/2	3/2016	Page 10	of 22
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				3 7		-	I.D. NUMBER	
GENAMMIN EN	JG for "DR ENG F	FOR CVTY	COUNCIL	2016"			138	3301
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 PAI OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
DR. GENGHMUN ENG	SCIENTIST			PAID sO_	\$ 2100	O %	s_2100 %	s 3100.
TORRANCE, CA 90503	/AEROSPACE	8	s 2100	s O	DATE DUE	s	3/31/2016 DATE INCURRED	s 3100
DR. GENGHMUN ENG	Scientist /	-		PAID	, 1300	0_%	s 1300 ic	CALENDAR YEAR
TORRANCE, CA 90503	/AEROSPACE	s	s 1300	FORGIVEN	DATE DUE	s O	4/13/2016	s 4400
TENTIND COM OTH PTY SCC				☐ PAID				CALENDAR YEAR
	e artenidada			\$ FORGIVEN	s	RATE	\$	\$ PER ELECTION**
TIND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$		\$	\$	\$		
Schedule B Summary					(see other)	(Enter (e) on Schedule E, Line 3)	
1. Loans received this period				\$ —		-		
(Total Column (b) plus unitemized loan	ns of less than \$100.)		2.20		(see other)		Contributor Codes ND – Individual	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party the 	00 paid or forgiven.)			\$	(see other)	C	COM - Recipient C	PTY or SCC)
					(side) F	PTY - Political Part	У
 Net change this period. (Subtract Lin Enter the net here and on the Summa 				NET \$	(May be a negative number)	C	SCC – Small Contr	butor Committee

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

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www.fppc.ca.gov

Schedule	B –	Part	2
Loan Gua	rant	ors	

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{2/24/2016}{4/23/2016}$ CALIFORNIA 460 FORM FORM Page 11 of 2.72

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDIN TO DATE
2	□IND □COM □OTH □PTY	,×u∈ 7 Ld l≥c	LENDER DATE		\$ PER ELECTION (IF REQUIRED)	2 6 (e)
	□ scc	8 S	LENDER		\$ CALENDAR YEAR \$ PER ELECTION	1 ==
x .	□ OTH □ PTY □ SCC	£1	DATE		(IF REQUIRED) \$ CALENDAR YEAR	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	1 4 4 5 4 5 4 5 4 5 4 5 6 5 6 6 6 6 6 6 6	DATE	_	\$ PER ELECTION (IF REQUIRED)	
ž	☐IND ☐ COM ☐ OTH		LENDER		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	□ PTY □ SCC				s	

Schedule C Nonmonetary Contributions Received

Amounts may L unded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA FORM** Page 12 of 22 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1302201

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)
Ξ	40	□IND □COM □OTH □PTY □SCC			-		**
9		□ IND □ COM □ OTH □ PTY □ SCC	□ · · · · · · · · · · · · · · · · · · ·	*		19	8
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SGC		·	i l		8 A
	3 9	□IND □COM □OTH □PTY □SCC		× = +		2	
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL	NONE		

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	NONE
Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	None
3. Total nonmonetary contributions received this period.	TOTAL	NONE

*Contributor Codes

IND - Individual

NONE

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

φ?		SCHEDULE
Statement cov		CALIFORNIA 460
from2/24	4/2016	FORM TO
through 4/2	23/2016	Page 13 of 22
	V. A	I.D. NUMBER

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	, AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - E	R YEAR	PER ELECTION TO DATE (IF REQUIRED
1	\$	Monetary Contribution		11.2			98
3	Tr.	Nonmonetary Contribution Independent				=	ā
	Support Dppose	Independent Expenditure					
		Monetary Contribution			2.		
		Nonmonetary Contribution					=
		Independent Expenditure	21				
	Support Oppose	Monetary Contribution		24			
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure		17			3
	С опрроте С оррего		SUBTOTAL	\$ NONE			
					Parada Mark		91 - 11 180/0 H- 10/1
edule D	Summary		II Oakaalida Dawktatala \			\$	NONE
mized co	entributions and independent expenditures mad	e this period. (includ	e all Schedule D subtotals.)				NONE

Schedule (Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period from 2/24/2016 CALIFORNIA 460 FORM Through 4/23/2016 Page 14 of 22-

OF FILER	GENGHMUN ENG for "DR 1	ENG FOR CHY	COUNCIL 2016"			383301
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
×	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				S 81
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				*
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				

Schedule	2
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period through I.D. NUMBER

CALIFORNIA FORM

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

	ou may enter the code. Otherwise, describe the payment. munications I appearances I appearances I salumit is suppearances I salumit is suppearance is suppearanc	n costs soluction costs and meals and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Secretary of State Sacramento, CA 95814	FILI Candidate Filing Ballot Form 510	Fees \$50.00
City of Tomance Tomance, ct 90503	PJL candidate Ballot Statement Fees	₹\$80,∞
U.S. Postal service Torrance, CA 90503	POS Certified Mail Fees	6.74

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

SUBTOTAL\$ 636.

Schedule E Summary

3956.45 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 0,00 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).)......\$ 3956,45

FPPC Form 460 (Jan/2016)

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Schedu	e E		
(Contin			et)
Paymer	its Ma	ide	
	1 110	E.	

Amounts may be 1 Jed to whole dollars.

Statement covers period CALIFORITIA 160 FORM through 4/23/2016 Page 6 27

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGHMUN ENG FOR ENG PUR CVTY COUNCIL 2016"

1383301

CODES: If one of the following codes accurately describes	the payment, y	ou may enter the code.	Otherwise,	describe the payment.
CMP campaign paraphernalia/misc.	MBR member com	munications	RAD	radio airtime and production costs
CNS campaign consultants	MTG meetings and	d appearances	RFD	
CTB contribution (explain nonmonetary)*	OFC office, expens	ies estati	SAL	
CVC civic donations	PET petition circu	lating	TEL	t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks		TRC	
FND fundraising events	POL polling and s	urvey research	, TRS	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, deli	very and messenger services	TSF	transfer between committees of the same candidate/sponsor
LFG , legal defense .		services (legal, accounting)	VOT	voter registration
LEG selegal defense Litterature and mailings	PRT print ads	E 1 12	WEB	Information technology costs (Internet, e-mail)
Lit oampaign morature and mainings				
NAME AND ADDRESS OF PAYER			DESCRIPTION	ON OF DAYMENT

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID .
ē.	Union Bank of California Torrance, CA 90503	OFC	Cashier's Check Fee	*10.00
- 8	Torrance Chamber of Commerce Toyota Museum Torrance, Cl 90501	мта	Cardidate Forum Breakfast	°30.00
	Political Lawn Signs.com Aquecs.Inc. Neenah, WI 54956	LIT	Campaign Lawn Signs & holders	\$599.16
160	Voterauide State Cards Long Beach, CA 90808	LIT	Campaign Mailer	12100.00
, s *	Postal Solutions, Inc. Torranco, CA 90503	Pos	P.O. Box for campaign committee = 2/24/2016 - 8/24/2016	69,80

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

SUBTOTAL\$ 2808.96

Scheduk	2 E
(Continu	ation Sheet)
Paymen	ts Made
	The state of

Amounts may be i to whole dollars.

	O. 3-1-1-10-11
Statement covers period	GALIFORNIA ARA
from 2/24/2016	FORM TOU
through 4/23/2016	Page 17 of 22
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGYMUN ENG FOR "DR ENG FOR CITY COUNCIL 2016"

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC clvic donations

candidate filing/ballot fees

FND fundraising events

IND Independent expenditure supporting/opposing others (explain)*

LEG Llegal defense LIT campaign literature and mailings

MBR member communications MTG meetings and appearances

OFC office, expenses

PET petition circulating PHO phone banks

polling and survey research POL

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

returned contributions RFD

campaign workers' salaries

t.v. or cable airtime and production costs TEL

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB Information technology costs (Internet, e-mail)

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
	Postal Solutions, Inc. Torrana, Ct 90503	POS	Postage & Mailing Cees	50.09
ેલ ક્રિ	Postal Solutions, Inc. Torrance, Ct 90503	LIT	Campaign Plyer Printing	265,75
	Postal Solutions, inc. Torrance, Ct 90503	OFC	Xerographic Services.	*28,63
e.	Office Depot - Office Max Torrance, Ct 90505	OFC	Office Supplies/Inks for printer	143,84
261 261	Home Depot Torrance, Ct 90505	CMP	Wire for Lawn Signs	*10.69

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

Sch				all.	
(Co	ntin	uati	ón.	She	et)
Pay	mer	its I	Vlac	e	V
7	100	1 6	135		

Amounts may be a led to whole dollars.

	S(JLE E (CONT.)
Statement covers period 2/24/2016	CALIFORNIA 460
through 4/23/2016	Page 18 of Z2
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGHMUN ENG FOR "DR ENG FOR CITY COUNCIL 2016"

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. meetings and appearances returned contributions campaign consultants SAL campaign workers' salaries office, expenses contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating civic donations candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO staff/spouse travel, lodging, and meals polling and survey research POL fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* professional services (legal, accounting) voter registration LEG legal defense LIT campaign literature and mailings VOT WEB Information technology costs (Internet, e-mail) print ads PRT NAME AND ADDRESS OF PAYEE AMOUNT PAID. DESCRIPTION OF PAYMENT CODE OR ... (IF COMMITTEE, ALSO ENTER I.D. NUMBER) owes Home Improvement Wire for Lawn Signs CMP Tomore, Ct 90505 Dollar Tree Hole punchers for lawn signs CMP TOMOR, CA 90505

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

SUBTOTAL\$ 11.75

Schedule	3-1-				
Accrued	Expenses	(Un	paid	Bills))

Amounts may b. .unded to whole dollars.

Statement covers period from $\frac{2/24/2016}{23/2016}$ CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVER	₹SE
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NAME OF FILER

GENGHMUN ENG FOR ENG FOR CITY COUNCIL 2016"

1383301

I.D. NUMBER

CODES: If one of the following CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC clvic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting LEG legal defense LIT campaign literature and mailings	48	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces narch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs putions ers' salaries time and production costs I, lodging, and meals avel, lodging, and meals committees of the sam	ne candidate/sponsor
NAME AND ADDRESS ((IF COMMITTEE, ALSO ENTE		CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
		, y		28		4:
8		# v , U = 0			5	8
	2		Himes Je ^{Ra}	97 102	# 0	
	2		di.		^	
		8	17			
	73				2	
		3	4			1.
* Payments that are contributions or independer summarized on Schedule D.	it expenditures must also be	SUBTOTALS	NONE	NONE !	NONE	* None

Schedule F Summary

Schedule C	r
Payment	lade by an Agent or Independent
	(on Behalf of This Committee)

Amounts m rounded to whole dollars.

Statement covers period from $\frac{2/24/2016}{4/23/2016}$

CALIFOR 460
FORM 20 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGMMUN ENG for "DR ENG FOR CITY COUNCIL 2016"

I.D. NUMBER

1383301

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks
POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
		9,	
			1
		¥	
8 6		- E	
W.	-	8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
		v.	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ NONE

Schedule		
Loans Ma	de to	Others*

Amounts may be rounded to whole dollars.

Statement covers period from 2/24/2016 CALIFORNIA 460 FORM through 4/23/2016 Page 21 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GENGMMUN ENG FOR "DR ENG FOR CITY COUNCIL 2016"

1383301

a End william End	DI DIO	0.0	00 00 - 10	20.8				
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	V 8	PENIOD		PAID FORGIVEN	\$	RATE	\$	\$ PER ELECTION**
	3 4	\$	\$	8	DATE DUE	\$	DATE INCURRED	\$
			21	PAID \$ FORGIVEN	\$	RATE	\$	\$PER ELECTION**
		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	I or committee must n must also be	SUBTOTALS	\$	\$	\$	\$ (Enter (e) on		

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

Schedule H Summary	r.	NONE
Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)		NONE
Payments received on loans	\$	AMAIG
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$	(May be a negative number)

**If Required

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER GENGHMUN ENG for "DR ENG			Amounts may be rounded to whole dollars.	Statement covers period from $2/24/2016$ through $4/23/2016$	CALIFORNIA 460 FORM Page 22 of 22 I.D. NUMBER
DATE RECEIVED		FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
				**	No.
II.					4.
1	4			*	
	-				
ii.					
Attach addit	ional information on ap	propriately labeled continuation sheets.		SUBTO	TALS NONE
	creases to cash this	periodf under \$100 this period			-

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

NONE

NONE