Recipie Committee Campaign Statement Cover Page	*	v 17	RECEIVED	TOWN THE BUILDING
2	Statement covers period	Date of election if applicable: (Month, Day, Year)	MAY 2 6 2016	For Official Use Only
4 ***	Trotti	. 1 1	1:38 p.M	
SEE INSTRUCTIONS ON REVERSE	through 5/21/2016	6/7/2016	City of Torrance	4."
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:	3	
State Candidate Election Committee Recall (Also Camplete Part 5) General Purpose Committee Sponsored Sponsored Sponsored	imarily Formed Ballot Measure committee Controlled Sponsored complete Pert 6) Imarily Formed Candidate/ fficeholder Committee complete Pert 7)	Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 To Amendment (Explain b	t □ Spec ermination)	terly Statement Ial Odd-Year Report
3. Committee Information	NUMBER 1383301	Treasurer(s)	á.	,
DR ENG FOR CITY COUNCIL STREET ADDRESS (NO P.O. BOX)	2016	NAME OF TREASURER SENGHHUN MAILING ADDRESS	I ENG	DDE AREA CODE/PHONE
STALL FABRICAS (NOTICE BOST)		TORRANCE	CA 90503	
TORRANCE CA 90503	AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		**************************************
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
TORRANCE, CA 90503 OPTIONAL: FAX/E-MAIL ADDRESS	E AREA CODE/PHONE	TORRANCE) OPTIONAL FAX/F-MAIL ADDRE		DDE AREA CODE/PHONE
A SAL AND			160	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of the Executed on 26 May 2016 Executed on Date Executed on Executed Oxford Executed Ox	California that the foregoing is true an	Signature of Treasurer or Assistan	nt Treasurer roponantor Responsible Officer of Spons	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	×

Recipient Committee Campaign Statement Cover Page — Part 2

COVE. AGE-PART 2
CALIFORNIA AGO
FORM
Page 2 of 18

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				14
GENGMMUN ENG OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
TO RISANCE CUTY COUNC	IL MEMBER		_/!				OFFOSE
	CITY STATE ZIP		Identify the controlling officeh	older, candl	date, or state	measure propo	onent, if any.
Ut to	TURDANCE CA 90503	;	NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT		
			8				
Related Committees Not Included in this St not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	FANY
contributions or make expenditures on behalf of your car	ndidacy.				9%	8	. 1
COMMITTEE NAME	I.D. NUMBER						27. 1
5						***************************************	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) f	date/Offic or which this	committee is	ommittee Lis primarily formed	t names of d.
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	officeholder(s) or candidate(s) f	or which this	committee is	primarily formed	t names of
	YES NO	7.	officeholder(s) or candidate(s) f	or which this	committee is	primarily formed	d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO	7.	officeholder(s) or candidate(s) f	or which this	OFFICE SOU	primarily formed	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	7.	officeholder(s) or candidate(s) f	or which this	OFFICE SOU	primarily formed	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	☐ YES ☐ NO	7.	officeholder(s) or candidate(s) f	Or which this NDIDATE NDIDATE	OFFICE SOU	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP	YES NO BOX) CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CA	Or which this NDIDATE NDIDATE	OFFICE SOU	primarily formed	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP COMMITTEE NAME	YES NO BOX) CODE AREA CODE/PHONE	7.	NAME OF OFFICEHOLDER OR CA	NDIDATE NDIDATE NDIDATE	OFFICE SOU	primarily formed	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP COMMITTEE NAME , NAME OF TREASURER	CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE NDIDATE NDIDATE	OFFICE SOU	OGHT OR HELD JOHT OR HELD	SUPPORT OPPOSE SUPPORT SUPPORT
CITY STATE ZIP COMMITTEE NAME	CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE NDIDATE NDIDATE	OFFICE SOU	OGHT OR HELD JOHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Schedule A Monetary Contributions Received		Amoun to	ts be rounded whಾಕ dollars.			CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through <u>5/21/</u>	2016	Page	4 of 18
GENGHM	UN ENG for " DRENG FOR CITY CO	WHEIL 20	16"				UMBER 8 3361
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE : (IF REQUIRED)
1/29/2016	DRIGENSHHUN ENG TORRANCE, CA 90503	IND COM OTH PTY	9	\$6.67	\$944.37	*	#944.37
7/1/2016	DRI GENGHHUN ENG TORRANCE, CA 90503	IND COM OTH PTY SCC	9 E 2	[#] 7.63	# 952.00	D E	#952.00
5/10/2016	DR GENGHMUN ENG TORRANCE CA 90503	MIND □ COM □ OTH □ PTY □ SCC		4.07	#953.07	7	\$953.07
5/11/2016	DR.GENGHHUN ENG TORRANCE, CA 90503	SIND □ COM □ OTH □ PTY □ SCC		\$4.32	* 957-39		\$95739
5/19/2016	DRI GENGHHUN ENG TORRANCE, CA 90503	⊠IND □COM □OTH □PTY □SCC	16	* 6.63	# 964.0.	2	\$964,0Z
			. SUBTOTAL \$	26.32			1 2 360
. Amount red (Include all	Summary eived this period – itemized monetary contributions. Schedule A subtotals.)	e of less than	\$	*176.32	IND - COM	(other	

. Amount received this period – unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1:)......TOTAL \$

. Total monetary contributions received this period.

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

SCC - Small Contributor Committee

PTY - Political Party

0.00

176.32

Campal Disclosure Statement Summary Page

Amounts me rour to whole dollars. rounded

MMARY PAGE Statement covers period CALIFORNIA FORM Page 3 of [8 I.D. NUMBER

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

Contributions Received		COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schee 2. Loans Received Schee 3. SUBTOTAL CASH CONTRIBUTIONS ACCEPTED Schee 4. Nonmonetary Contributions Schee 5. TOTAL CONTRIBUTIONS RECEIVED ACCEPTED SCHEE	dule B, Line 3 dd Lines 1 + 2 dule C, Line 3	\$ \\ \frac{176.32}{0.00} \\ \$ \\ \frac{176.32}{540.00} \\ \$ \\ \frac{716.32}{540.00} \\ \$ \\ \frac{716.32}{540.000} \\ \$ \\ \frac{716.32} \\ \frac{716.32}{540.000} \\ \$ \\ \frac{716.32}{540.000}	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/1 through 6/30 $77/1$ to Date 20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditures Made 6. Payments Made	edule H, Line 3 dd Lines 6 + 7 edule F, Line 3 edule C, Line 3 lines 8 + 9 + 10 Page, Line 16 A, Line 3 ebove hedule I, Line 4 A, Line 8 above	\$ 541.13 0.00 \$40.00 \$ 1081.13 \$ 1381.25 176.32 0.00 541.13	\$ \(\frac{449.58}{0.00} \) \$ \(\frac{449.58}{0.00} \) \$ \(\frac{540.00}{540.00} \) \$ \(\frac{540.00}{5000} \) \$ \(\frac{5000}{5000} \) \$ \(\fr	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (imm/dd/yy)
17. LOAN GUARANTEES RECEIVED	tions on reverse	\$0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377 www.fppc.ca.ge

-22		- A
Schedule	4 (Continuatio	n Sheet)
在是一方面的地位的	a Marine Malana	Paralyad
Monetary 9	(Continuations)	Macaived

Amounts may be founded street and to whole dollars and the street and the street

Statement covers period of the from 4/24/2016	california 460 form
through 5/21/2016	Page 5 of 18
	1.D. NUMBER 1.38330 (

NAME OF FILER	GENGHMUN ENG FU "DR EN	g pur ci	MY COUNCIL ZOIS			300001
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP GODE OF CONTRIBUTOR		IFAN INDIVIDUAL ENTER HAT DOCCUPATION AND EMPLOYER OF BEIL-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/16/5016	RAYMOND G. GUSZAVC TORRANCE, CA 90503	☑IND □ COM □ OTH □ PTY □ SCC	RETIRED	150.00	1114.02	1114.02
4		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC			.*	7
ese estados es		□IND □COM □OTH □PTY □SCC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
**		□IND □COM □OTH □PTY □SCC	The state of the s	gang ar sail mananan man shi ing ang dagahan sahi	1	
4			CURTOTAL	e 150.00		

*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.	(Continuation Contributions R	Sheet)
Monetary (Contributions R	eceived

Amounts may be rounded to whole dollars,

-	SCHEDULEA (CONT.)
from 4/24/2016	CALIFORNIA 460 FORM
through 5/21/2016	Page 6 of 18
	I.D. NUMBER

ME OF FILER	THUN ENG for "DRENG FOR CITY			5.		0 6 of 18 NUMBER
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 REGEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN; 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
Y S		□IND □COM □OTH □PTY □SCC	0.1 2 1 3 E		, ,	7
		□IND □COM □OTH □PTY □SCC		4		
	8	☐IND ☐COM ☐OTH ☐PTY ☐SCC				,
9		☐IND ☐COM ☐OTH ☐PTY ☐SCC	* * * * * * * * * * * * * * * * * * *	e		
А,		☐IND ☐COM ☐OTH ☐PTY ☐SCC		3		

'Contributor Codes

ND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

TY - Political Party

SCC - Small Contributor Committee

Schedule	B – Part 1
Loans Red	

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

** If required:

Amounts may beided to whole dollars.

4	SOI.		
Statement covers period	california 460		
through 5/21/2016	Page 7 of 18		
	I.D. NUMBER		

					through 5/21	2016	Page	of_\\0
SEE INSTRUCTIONS ON REVERSE NAME OF FILER GENGHMUN ENG FOR "DR	ENG FOR CITY	COUNCIL 20	16"				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	(°) AMOUNT PAI OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTÉREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
(1)	22	\$	s	PAID S FORGIVEN S	\$DATE DUE	RATE S	\$ DATE INCURRED	\$PER ELECTION**
TO IND COM OTH PTY SCC	,	as c		PAID S FORGIVEN		% RATE	\$	\$PER ELECTION*
† IND COM OTH PTY SCC		s	S	\$	DATE DUE	\$%	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION*
TIND COM OTH PTY SCC		\$	s	FORGIVEN \$	DATE DUE	\$ NONA	DATE INCURRED	\$
Schedule B Summary		SUBTOTALS	8	\$ (1010	None	(Enter (e) on Schedule E, Line	3)	
 Loans received this period	paid or forgiven.) are also itemized on Sch	nedule A.)			NONE NONE (May be a negativé number)	-	†Contributor Code IND – Individual COM – Recipient (other than OTH – Other (e.g. PTY – Political Pa SCC – Small Con	Committee PTY or SCC) business entity) rty

Schedule B → Part 1 Loans Received	_ Ar	nounts may be . to whole dollar			Statement cov			EB-PART
SEE INSTRUCTIONS ON REVERSE			0		through 521	2016	Page 8	of_18
NAME OF FILER				7			I.D. NUMBER	
GENGHMUN ENG FOR	"DR ENGFORCE		C 2016"				13833	301
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID S FORGIVEN	\$		\$	CALENDAR YEAR \$ PER ELECTION [±]
OIND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
		E		PAID S FORGIVEN	s		\$	CALENDAR YEAR \$ PER ELECTION*

(Enter (e) on Schedule E, Line 3) ichedule B Summary see otherside . Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) otherside Loans paid or forgiven this period..... (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

SUBTOTALS \$

†Contributor Codes

DATE INCURRED

DATE INCURRED

CALENDAR YEAR

PER ELECTION**

IND - Individual

DATE DUE

DATE DUE

NONE

NONE

PAID

NONE \$

FORGIVEN

NONE \$

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:

☐ COM ☐ OTH ☐ PTY ☐ SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM through 5/21/2016 Page 9 of 18

SEE INSTRUCTIONS ON REVERSE			
GENGHMUN ENG POR DRE	NG FOR CITY COUNCIL 2016	0 v	1.D. NUMBER 1383301
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIB	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER LOAN	AMOUNT	CUMULATIVE OUTSTANDING TO DATE
□ IND □ COI □ OTH □ PTY	LENDE DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)
IND COI OTH PTO SCO	DATE	ER .	CALENDAR YEAR PER ELECTION (IF REQUIRED)
□ IND □ CO □ OTI □ PT □ SC	A DATE	ER .	SALENDAR YEAR PER ELECTION (IF REQUIRED)
INC CO OT PT SC	M DATI	ER .	\$ PER ELECTION (IF REQUIRED)
		SUBTOTAL \$ NONE	Enter on Summary Page, 1 2 2 Line 17 only.

Schedule C		
Nonmonetary	Contributions	Received

Amounts may b. ...unded to whole dollars.

SCHEDULE, C Statement covers period CALIFORNIA FORM Page 10 of 18 I.D. NUMBER

EE INSTRUCTIONS	ON	REV	'ERSE

AME OF FILER

GENGHMUN ENG for "DR ENG FOR CITY COUNCIL 2016"

1383301

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (JF 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)
5/2/2016	Angela Rubien Redondo Beach, CA 90277	☑IND □COM □OTH □PTY □SCC	Web Design Services www.rublendesign.	Weblesign for www.dr-geng.com	\$540.00	#540-00	\$540,00
		□IND □COM □OTH □PTY □SCC	¥ 14	8 F			£.
		□IND □COM □OTH □PTY □SCC				·	*
		□IND □COM □OTH □PTY □SCC	Sr.	*		æ	# E
Attach additio	nal information on appropriately labeled	continuation .	sheets.	SUBTOTAL \$	540.00		

Attach additional information on appropriately labeled continuation sheets.

chedule C Summar	chedi	ule	С	Summa	ary
------------------	-------	-----	---	-------	-----

. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	540.00
. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	
. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

*Contributor Codes

IND - Individuai

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)

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

Amounts may be rounded to whole dollars.

Statement covers period from 4/24/2016 CALIFORNIA 460 FORM through 5/21/2016 Page of 18

DATE	NAME OF CANDIDATE, O	ENG FOR CITY FFICE, AND DISTRICT, OR ETTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	, AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1	OR COM	MMITTEE	Monetary Contribution	20			28
4			☐ Nonmonetary Contribution			C 400	
-	Support	Oppose	Independent Expenditure	8. 1			
	ē.	3.4	Monetary Contribution	122			
			Nonmonetary Contribution	, 7 A	w	4	*
-	Support	Oppose	Independent Expenditure	- E		16	
	a di sappani		Monetary Contribution	5 10	4		
		90	Nonmonetary Contribution			#1	
	☐ Support	Oppose	Independent Expenditure	×			
-	/4			SUBTOTAL	* NONE		
chedule [) Summary			de all Schedule D subtotals.		\$	NOVE

Summary Supportin	D ation Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do		Statement covers from 4/24/2 through 5/21/2		CALIFO FOI	12 of 18
	HUN ENG FOR "DRENG FOR	CITY COUNCIL :	2016"				3301
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 CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
8	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	18	_			ni er
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		ž		2	e s
0	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				.+	9
en.		☐ Monetary Contribution ☐ Nonmonetary Contribution				ř.	

Independent Expenditure

☐ Support

☐ Oppose

NONE

SUBTOTAL \$

Schedule ₩ Payments Made

Amounts may be re __led to whole dollars.

Statement covers period from 4/24/2016 CALIFORNIA 460

through 5/21/2016 Page 13 of 18

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

Schedule E Summary

NAME OF FILER

LIT

GENGHMUN ENG FOR DR ENG FUR CHTY COUNCIL 2016"

PRT

print ads

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 CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants campaign workers' salaries SAL office expenses contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET civic donations CVC candidate travel, lodging, and meals phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) legal defense LEG

×	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
	TO REALCE, C+ 90503	OFC	Refund/Non-charged Amount/waiver of CASH(ER'S CHECK FEE of 4/5/2016	-*10.00
= :=	TURRANCE, CA90503	LIT	Campaign Phyer Printing	\$17.75
40	POSTAL SOLUTIONS, INC TORRANCE, CA 90503	OFC	Xerographic services	33.38

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

SUBTOTAL\$ 541.13

FPPC Form 460 (Jan/2016)

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Schedue E (Continuation Shi Payments Made SEE INSTRUCTIONS ON REVER NAME OF FILER	SE-			Amounts may b	ollars.		from	atement covers 4/24/2016 gh5/21/20	0 16 P	ALIFORMA FORM	460 -460 or 18
CODES: If one of the CMP campaign paraphernalic CNS campaign consultants CTB contribution (explain no	following code a/misc.		lescribes t	the payment, you MBR member com MTG meetings and OFC office,expens	ou may en munications d appearance ses	ter the code.	RAD RFD SAL	radio airtime and returned contribi campaign works	d production costs utions ers' salaries		330
CVC civic donations FIL candidate filing/ballot fe FND fundraising events IND independent expenditur LEG degal defense	e supporting/oppó	sing others (expla	iln)* . I		urvey researc	senger services	TEL TRC TRS TSF VOT	candidate travel, staff/spouse trav transfer between	me and production, lodging, and menoistic, lodging, and menoisted of the committees	als neals	late/sponsor
FIL candidate filing/ballot fe	e supporting/oppo	sing others (expla RESS OF PAYEE BENER ID, NUMBER)	aln)* . i	PHO phone banks POL polling and si POS postage, dell	urvey researc yery and mes services (lega	h : senger services il, accounting) DR	TRC TRS TSF VOT WEB	candidate travel, staff/spouse trav transfer between voter registration	, lodging, and mea /el, lodging, and n n committees of th	als neals ne same candid rnet, e-mail)	late/sponsor
FIL candidate filing/ballot fe FND fundraising events IND independent expenditure	e supporting/oppo	RESS OF PAYEE	aln)* . i	PHO phone banks POL polling and si POS postage, deli PRO professional	urvey researc yery and mes services (lega	senger services il, accounting)	TRC TRS TSF VOT WEB	candidate travel, staff/spouse trav transfer between voter registration information tech	, lodging, and mea /el, lodging, and n n committees of th	als neals ne same candid rnet, e-mail)	

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

SUBTOTALS NONE

Schedule F Accrued Expenses (Unpaid Bills)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Amounts may b. .unded to whole dollars.

statement covers period statem

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundralising events IND legal defense LIT campaign literature and mallings		enter the code. Others arch nessenger services	RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	payment. d production costs utions ers' salaries ime and production costs l, lodging, and meals vel, lodging, and meals n committees of the sam	ne candidate/sponsor s-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	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
			=		*
		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	9	डरें स्थ	
U u	3 9			2 "	3.002
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	* NONE	* NONE	NONE	\$ NONE
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized	accrued expenses under edule F. Column (c) subto	tals for payments on			NONE

Schedule G		
Payment M	ade by an Ager	nt or Independent
Contractor (on Behalf of Th	is Committee)

Amounts m roundedto whole dollars.

Statement covers period from 4/24/2016	CALIFOR 460
through 5/21/2016	Page 16 of 18
	I.D. NUMBER 1.3 8 3 3 0 1

E INSTRUCTIONS ON REVERSE AME OF FILER

GENGHMUN ENG FOR ENG FOR CUTY COUNCIL 2016"

AME OF AGENT OR INDEPENDENT CONTRACTOR

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

campaign paraphernalia/misc.

campaign consultants

contribution (explain nonmonetary)*

civic donations

candidate filing/ballot fees

fundraising events

independent expenditure supporting/opposing others (explain)*

EG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances

office expenses

petition circulating PET

PHO phone banks

POL polling and survey research

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

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

campaign workers' salaries

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

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

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 AD (IF COMM	DRESS OF PAYEE OR CREDITOR ITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
8				
			8	
S.			* ,	2.
ÿ				*

tach additional information on appropriately labeled continuation sheets.

TOTAL* \$ NONE

Sched	ule H		
Loans	Made	to Oth	ners*

Amounts may be rounded to whole dollars.

Statement covers period from 4/24/2016 CALIFORNIA 460 FORM

through 5/21/2016 Page of 18

SEE	INSTRI	ICTIONS	ON	REVERSE
SEE	HAOLLY	JUNIONS	OI1	1/E 4 E 1/0 E

NAME OF FILER

GENGHHUN END for " DE ENG FOR CITY COUNCIL 2016"

1383301

GENGHMUN ENG for "I	or eng for cit	x councic	2016		He to the terms	14	13000	0 1
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)	L(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
	e e	19 19		PAID \$ FORGIVEN); \$	RATE %	\$	\$ PER ELECTION
	in a	s	s	\$	DATE DUE	s	DATE INCURRED	\$
	18.		×	PAID S——— FORGIVEN	\$	RATE	\$	\$ PER ELECTION
	39	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$ NONE	\$ NONE	\$ NONE	\$ NONE		

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

Schedule H Summary		NONE		
Loans made this period (Total Column (b) plus uniternized loans of less than \$100.)	\$ -	Alane	~ [**If Required
Payments received on loans	\$ -	NEANE .	haye sin	4 10 1
3. Net change this period. (Subtract Line 2 from Line 1.)	NET \$	(May be a negative number)	997 E.C.	AM

E INSTRUCTION AME OF FILER	ous Increases to Cash	FOR CITY COUNCIL 20	ollars.	Statement cov from <u>4/24/3</u> through <u>5/21</u> /	2016	CALIFORNIA 46 FORM Page 18 of 18 I.D. NUMBER		
DATE RECEIVED	FULL NAME AND ADDR (IF COMMITTEE, ALSO EN	ESS OF SOURCE TER I.D. NUMBER)	DI	ESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
3				× ×		3		
	6	× e		4		140		
17. 工、必要的	* 2			8 g				
			46		:			
77						S &		
Attach additi	ional information on appropriately labeled co	ntinuation sheets.			SUBTOTAL \$	NONE		
Unitemized Total of all in	Summary creases to cash this period increases to cash of under \$100 this period on loans matterest received this period on loans matterest increases to cash this period. (Alage, Line 14.)	eriod ade to others. (Schedule H, Colur Add Lines 1, 2, and 3. Enter here	nn (e).)	\$ \$	NONE NONE NONE			
,	.					FPPC Form 460 (Jan/20		