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Campaign Finance

Candidates & Elected Officials

Propositions & Ballot Measures

Committees, Parties, Major Donors & Slate Mailers

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Resources

For Filers Only

Political Reform

User's Manual

Campaign Finance:

# LEE FOR CITY COUNCIL 2016 DISTRICT 4, RE-ELECT BENNY

#### **Election Cycle:**

2017 through 2018

Historical

**View Information:** 

(Due to the amount of data, these pages may take some time to load.)

General Information

C Contributions Received

Contributions Made

Expenditures Made

Late and \$5000+ Contributions Received

C, Late Contributions Made

Late Independent Expenditures

Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

#### HISTORICAL NAMES FOR THIS COMMITTEE

LEE FOR CITY COUNCIL DISTRICT 4 2012, BENNY

FILER ID:

1348446

FILER PHONE: (510) 306-2238

SUMMARY INFORMATION - LEE FOR CITY COUNCIL 2016 DISTRICT 4, RE-ELECT BENNY (ID# 1348446)

**CURRENT STATUS** 

**ACTIVE** 

This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.

496 Independer	nt Expenditure	Report	,	Amounts ma	ay be rounded to whole dollars.		•		
NAME OF FILER Re-elect Benny Lee for	or City Council Distri	ct 4 2016			Date of 9/11/2016 This Filing	. Date Stamp	california form		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			_ 1-496	CITY OF SAN LEAN	PO For Official Us	e Only			
510-306-2238 1348446		Report No.	ON ON CENT	אָיין					
STREET ADDRESS 2238 Mariner Way			Amendment	SEP 1 2 2016					
			to Report No						
CITY		STATE	ZIP CODE		(explain below)	CITY CLERK'S OFFI	CE I		
San Leandro		' CA	94579		No. of Pages1				
1. List Only One Ca	ndidate or Ballot M	leasure					<del></del>		
NAME OF CANDIDATE S	SUPPORTED OR OPPOSED			<u>.</u>	NAME OF BALLOT MEASUR	RE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HE	ELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	· SUPPOR	T OPPOSE	
2. Independent Exp	enditures Made Atta	ach additional inform	l nation on appr	opriately lab	peled continuation sheets.				
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9/11/2016	Asian Community EIN 260542628/s 15127 Inverness	state ID 192389		<b>'</b> 9				\$1,000.00	
		•			arraya artanta' ana arti 120	4.4			
Reason for Amendment	;								

FPPC Form 496 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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CITY CLERK'S OFFICE

Candidate Intention Statement		CITY OF SAI	TEANDR CALIFORNIA 501		
Check One: ⊠ Initial ☐ Amendmen	nt (Explain)	MAY O	F Off-iellie Oct		
1. Candidate Information:					
NAME OF CANDIDATE (Last, First, Middle Initial)  Lee, Benny  STREET ADDRESS	DAYTIME TELEPHONE NUMBER ( 510 ) 306-2238 CITY	FAX NUMBER (optional) ( ) STATE	E-MAIL (optional) bennylee2016@itmindset.com ZIP CODE		
2238 Mariner Way OFFICE SOUGHT (POSITION TITLE) AG	San Leandro	CA DISTRICT NUMBER	94579 , if applicable.  NON-PARTISAN		
City Councilmember City of San Leandro  OFFICE JURISDICTION  State (Complete Part 2.)  City County Multi-County:  City of San Leandro  4 PARTY: Democrat  City of San Leandro  A City of San Leandro  (Name of Multi-County Jurisdiction)					
(CalPERS and CalSTRS candidates, judges, judicial candidates, a  ———————————————————————————————————	(Year of Election) Special/runoff election				
☐ I do not accept the voluntary expenditure ce Amendment:		<i></i> and I accep	t the voluntary expenditure ceiling for		
(Mark if applicable)  On/, I contributed personal	funds in excess of the expenditure ceiling for	the election stated above.			
Verification:     I certify under penalty of perjury under the la	nws of the State of California that the foreg	oing is true and correct.			
Executed on May 3, 2016, (month, day, year)	Signature (@andidate)		FPPC Form 501 (Jan, FPPC Advice: advice@fppc.ca.gov (866/275		

www.fppc.ca.gov

Organization nmittee				Date Sta	•	Ε(	DRM 410
☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 1348446			in the office of the Si of the State of	ecretary of Califomla	Sta 6	OF SAN LEANDRO
Date qualified as committee	Date qualified as committee (If applicable)	Date of	Termination	1		11	AUG 0 4 2015
nformation			2. Treasurer and NAME OF TREASURER	Other Principal	Officers:		
y Lee for City Council	2016 District 4		Rose Ng				
D. BOX)			STREET ADDRESS (NO P.O. BO	OX)			
Way			2238 Mariner	Way			
STATE	ZIP CODE AREA CODE/E	PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
CA 94	4579 (510)306	5-2238	San Leandro		CA	94579	(510)306-2238
IFFERENT)					······································		
@itmindset.com	<b>}</b>						
	ERE COMMITTEE IS ACTIVE	·	CITY		STATE	ZIP CODE	AREA CODE/PHONE
San Lear	ndro			4			
			NAME OF PRINCIPAL OFFICE	R(S) {			
			Benny Lee				
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injormation on appropriatei	у швегеа сопиниаціон зпеец	.5.	2238 Mariner	Way			
			CITY		STATE	ZIP CODE	AREA CODE/PHONE
			San Leandro		CA	94579	(510)306-2238
easonable diligence in prepa	ring this statement and to t	he best of m going is true	knowledge the infor	mation contained h	erein is tri	ue and comp	lete. I certify under
	Not yet qualified or  Date qualified as committee  Information  Y Lee for City Council  D. BOX)  Way  STATE  CA 94  IFFERENTI  @itmindset.com  JURISDICTION WHI San Lear  information on appropriates  easonable diligence in preparry under the laws of the Sta	Initial  Not yet qualified or    1348446	Initial  Not yet qualified or Ust I.D. number:  # 1348446  Date qualified as committee  Date qualified as committee  Date qualified as committee  Information  Y Lee for City Council 2016 District 4  Date of (frapplicable)  Way  STATE  ZIP CODE  AREA CODE/PHONE  CA 94579  (510)306-2238  IFFERENTI  District A  OB 13 2012  Date of (frapplicable)  Date of (frapplicabl	Initial	Initial	Initial	Initial   Mot yet qualified   Or   List I.D. number:   Initial office of the Secretary of Stale of the State of California   APR 20 2015   APR 20

CITY OF SAN LEANDRO
AUG O 4 2015
CITY CLERK'S OFFICE

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				COVER PAGE
Recipient Committee			Date Stamp	CALIFORNIA 160
Campaign Statement	••	ſ	CITY OF SAN LEANDRO	
Cover Page			JIII OI SAN LEANUNG	4 4
	Statement covers period	Date of election if applicable:	JAN <b>2 5</b> 2017	rage
	from 10/23/2016	(Month, Day, Year)	JAN 20 LUII	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	12/31/2016	11/8/2016	CITY CLERK'S OFFICE	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee ☐ I	Primarily Formed Ballot Measure	Preelection Statement Semi-annual Statemen		erly Statement al Odd-Year-Report -
Recall (Also Complete Port 5)	O Controlled O Sponsored Also Completo Part 6)	Termination Statement (Also file a Form 410 T	<u> </u>	ai Odd-Teai Report
General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee Also Compielo Part 7)	Amendment (Explain b	pelow)	
	D. NUMBER 1348446	Treasurer(s)		\age===d
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	10440	NAME OF TREASURER		-
Re-elect Benny Lee for City Council 2016 Distric	ot 4	Rose Ng		
	~	MAILING ADDRESS		
		2238 Mariner Way		
STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way		сіту San Leandro	STATE ZIP CO CA 94579	
CITY · STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURI		310-300-2230
San Leandro CA 9457			•	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY + STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification				
I have used all reasonable diligence in preparing and review	ng this statement and to the best of my	knowledge the information containe	d herein and in the attached sch	edules 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 on1/1/2017	Ву		at Tel Dayron	
Date 1/1/2017	-	Signature of Treasurer or Assistan	ill fleasurer	
Executed on	BySignature of Conf	trolling Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of Sponso	or .
Executed on	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	
Executed on	Ву	0	Clair Manager Promonal	<del></del>
Date	*	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	

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## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM

Page 2 of 4

CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE  NAME OF TREASURER  CONTROLLED COMMITTEE?  YES INO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	Officeholder or Candidate Controlled Committee			6.	Primarily Formed Ballo	Committee	<b>;</b>		
San Leandro City Council District 4 RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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  CONTROLLED COMMITTEE?  YES NO  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE	,			NAME OF BALLOT MEASURE				
San Leandro City Council District 4  RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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    CONTROLLED COMMITTEE?   YES   NO	Benny Lee		•						
San Leandro City Council District 4  RESIDENTIAUBUSINESS ADDRESS (NO.AND STREET) CITY STATE ZIP 2238 Mariner Way San Leandro, CA 94579  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    LD. NUMBER	OFFICE SOUGHT OR HELD (INCLUDE LOCA)	IJON AND DISTRICT I	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N 		
Identify the controlling officeholder, candidate, or state measure proponent, if any.   NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					• • • • • • • • • • • • • • • • • • • •	<u> </u>			OPPOSE
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    LD. NUMBER					Identify the controlling offic	eholder, candid	late, or state	measure prop	onent, if any.
TO TREASURER  COMMITTEE NAME  I.D. NUMBER  NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE NAME  I.D. NUMBER  TO TREASURER  CONTROLLED COMMITTEE?  YES NO  NAME OF OFFICEHOLDER OR CANDIDATE  COMMITTEE NAME  I.D. NUMBER  TO 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  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE	2230 Mariner Way	San Lear	1010, OA 34373		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	PONENT		
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	COMMITTEE ADDRESS STREET AD	•	X)				<u>l</u>		!
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	CITY		DE AREA CODE/PHONE		Att	ach continuatio	on sheets if r	necessary	

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

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### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		301	MINART FAGE
Stater	nent covers period 10/23/2016	CALIFORNIA FORM	460
through _	12/31/2016	Page 3 of	4
'		I.D. NUMBER	
		14040440	

Benny Lee for City Council District 4 1348446 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** .... ... 0,00 ..... 13.151.95 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 0.00 13.151.95 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 Received 0.00 480.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 13.631.95 0.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ \_ **Expenditures Made** Expenditure Limit Summary for State 50.00 6.038.15 Candidates 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 6.038.15 50.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 480.00 (mm/dd/vv) 50.00 6,518.15 **Current Cash Statement** 39,530.42 12, Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B. 0.00 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 50.00 amounts in Column A may 39,480.42 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be to whole do			Staten from through _	10/23/2016 12/31/2016	CALIFO FO	4 of <u>#</u>
Benny Lee for City Council District 4  CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member com	munications		RAD radio	ribe the payment.  a airtime and production ned contributions baign workers salaries		
CVC civic donations (explain noninonetary)  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	PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	ating urvey research very and mess	enger services	TEL t.v. o TRC cand TRS staff TSF trans VOT vote	paigh workers salanes r cable airtime and prod idate travel, lodging, ar spouse travel, lodging, afer between committee registration mation technology cost	duction costs and meals and meals as of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTION OF F	AYMENT		AMOUNT PAID
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* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.			SI	JBTOTAL \$	-0-
Schedule E Summary  1. Itemized payments made this period. (Include all Schedul	le E subtotals.)	מלי				\$	-0- 

2. Unitemized payments made this period of under \$100......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

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

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Recipient Committee Campaign Statement Cover Page	<b></b>		Date Stamp CITY OF SAN LEANDRO	
•	Statement covers period from10/23/2016	Date of election if applicable: (Month, Day, Year)	JAN <b>2 5</b> 2017	For Official Use Only
_SEE INSTRUCTIONS ON REVERSE	through12/31/2016	11/8/2016	CITY CLERK'S OFFICE	<u></u> .
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	\	
Officeholder, Candidate Controlled Committee	rimarily Formed Ballot Measure	Preelection Statement	1	ierly Statement
 ○ Recall (Also Complete Part 5)  □ General Purpose Committee ○ Sponsored  □ P	ommittee	☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	i ermination)	ial ·⊝dd-Year-Report
O Small Contributor Committee O Political Party/Central Committee	fficeholder Committee so Complete Part 7) .			
	. NUMBER 348446	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	`	
Re-elect Benny Lee for City Council 2016 Distric	t 4	Rose Ng		
		2238 Mariner Way	•	•
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
2238 Mariner Way		San Leandro	CA 9457	9 510-306-2238
San Leandro CA 94579		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ss	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Co.	g this statement and to the best of my kr California that the foregoing is true and c	nowledge the information contained orrect.	d herein and in the attached sch	edules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistan	at Tredourer	
Executed on	BySignature of Control	ling Officeholder, Candidate, State Measure Pr	roponerit or Responsible Officer of Sponso	ur .
Executed onDate	BySig	mature of Controlling Officeholder, Candidate,	State Measure Proponent	<del>-</del>
Executed on	BySig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	

MARIE DE LA COMPANIE DE LA COMPANIE

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

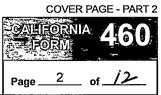
COVER PAGE **Recipient Committee** Date Stamp Campaign Statement CITY OF SAN LEANDE Cover Page Date of election if applicable: Statement covers period JUL 18 2018 (Month, Day, Year) For Official Use Only 1/1/2018 from CITY CLERK'S OFFICE 6/30/2018 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee ☑ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) ☐ General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee LD. NUMBER 3. Committee Information Treasurer(s) 1348446 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Re-elect Benny Lee for City Council District 4 2016 Rose Na MAILING ADDRESS 2238 Mariner Wav STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE ZIP CODE 2238 Mariner Way San Leandro CA 94579 510-306-2238 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 94579 San Leandro CA 510-306-2238 same as above MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS same as above CITY STATE ZIP CODE CITY AREA CODE/PHONE AREA CODE/PHONE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS rose@itmindset.com rose@itmindset.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the Afformation 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. 7/18/2018 Executed on \_ Date 7/18/2018 Executed on. holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Date

## Recipient Committee Campaign Statement Cover Page — Part 2



Officeholder or Candidate Controlle	ed Committee	6.	Primarily Formed Ballo	t Measure	Committee		de deserve
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Benny Lee							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	1	SUPPORT
San Leandro City Council District 4 20	016						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	,		Identify the controlling office	eholder, candi	date, or state	measure prop	onent, if any.
2238 Mariner Way	San Leandro, CA 94579		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		·	DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Offic	eholder Co committee is	ommittee Lis primarily forme	st names of d.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
CITY STATI	E ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  ☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS  CITY STATI			Atta	nch continuati	on sheets if n	ecessarv	

## **Campaign Disclosure Statement**

Amounts may be rounded to whole dollars

SUMMARY PAGE

Summary Page	to whole dollars.	,	State: 	ment covers period 1/1/2018	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE			through _	6/30/2018	Page3	of 12
IAME OF FILER		· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER	
Re-elect Benny Lee for City Council District 4 2016					1348446	
Contributions Received	Column A	Column E		Calendar Year Sun	nmary for Cand	idates

,			10.01.0
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
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  Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 0 0 0 0	\$ 0 0 0 \$ 0 0 \$ 0 \$ 56,550	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$  Expenditure Limit Summary for State Candidates
7. Loans Made	0	\$ 56,550 0 0 56,550	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	0 0 56,550	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	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. SEE INSTRUCTIONS ON REVERSE NAME OF FILER

		SCHEDULE
Statem	ent covers period	CALIFORNIA 1 80
from	1/1/2018	FORM 4.00
through	6/30/2018	Page 4 of 12
		I.D. NUMBER

Re-elect Be	enny Lee for City Council District 4 2016					1348446	6	
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 CALENDAI (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	•
3/21/2018	John Chiang for Governor 2018, ID#1385799 1801 Century Park East #1132 Los Angeles, CA 90067	Monetary Contribution  Nonmonetary Contribution  Independent		\$1000		\$3000		(
. <u></u>	☑ Support ☐ Oppose	Expenditure	***************************************					
5/22/2018	John Chiang for Governor 2018, ID#1385799 1801 Century Park East #1132 Los Angeles, CA 90067   Support  Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure		\$2000	see	above		-
3/22/2018	kansen Chu for State Assembly 2018, ID#1393543 1121 L Street, Suite 211, Sacramento, CA 95814	Monetary Contribution  Nonmonetary Contribution Independent Expenditure		\$500		\$500		
			SUBTOTAL \$	3500				

S	che	dule	DS	ummary
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1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)		. \$	56,550
2. Unitemized contributions and independent expenditures made this period of under \$100		\$	see sch D
3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL	¢	56.550

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

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT.
Statement covers period	CANEIFORNIA / BA
from1/1/2018	FEGRM - FIGU
through 6/30/2018	Page 5 of 12
	ID NUMBER

NAME OF FILER Re-elect Benny Lee for City Council District 4 2016 1348446 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION CUMULATIVE TO DATE DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) Benny Lee for San Leandro Mayor 2018 Monetary 3/29/2018 FPPC#1404434 Contribution \$50,000 \$50,050 2238 Mariner Way, San Leandro, CA 94579 □ Nonmonetary Contribution ☐ Independent Expenditure ☑ Support ☐ Oppose Abel Guillen for City Council 2018 Monetary Contribution 4/4/2018 FPPC#1395580 \$250 2201 Broadway, Suite M-2, Oakland, CA ☐ Nonmonetary Contribution 94612 ☐ Independent Expenditure ☑ Support □ Oppose Phong La for Assessor 2018, FPPC# Monetary 4/5/2018 1403905 Contribution \$250 5920 Newpark Mall Rd., Newark CA 94560 Nonmonetary Contribution Independent ☑ Support Expenditure ☐ Oppose Betty Yee for Controller 2018, ID#1374814 Monetary 4/22/2018 2201 Broadway, Suite M-2, Oakland, CA Contribution \$500 94612 □ Nonmonetary Contribution Independent Support Expenditure □ Oppose SUBTOTAL \$ 51,000

Summary Supporti Candidat	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may to whole (		Statement covers  from 1/1/20  through 6/30/2	18	SCHEDULE D (CONT.)  ORNIA 460  RM  6 of 12/
Re-elect Be	enny Lee for City Council District 4 2016				13484	46
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)
4/22/2018	Sara Lamnin Hayward City Council ID#1365235 1090 B-Street, #130 Hayward, CA 94541	Monetary Contribution  Nonmonetary Contribution  Independent		<b>\$2</b> 50	\$250	
	☑ Support ☐ Oppose	Expenditure				
4/22/2018	Andy Li for Community College Board 2018 FPPC#1403013 POB 2333, San Ramon CA 9458	Monetary Contribution  Nonmonetary Contribution  Independent		\$250	\$250	
	☑ Support ☐ Oppose	Expenditure				
5/5/2018	Nancy O,Malley DA for Alameda Count FPPC#1322240 2201 Broadway, Suite M-2, Oakland, CA 94612	Monetary Contribution  Nonmonetary Contribution  Independent		\$250	\$250	
	☑ Support ☐ Oppose	Expenditure				
5162018	Davis Street Family Resource Center-501c3 ID#94-3121699 3081 Teagarden Street San Leandro, CA 94577	Monetary Contribution  Nonmonetary Contribution  Independent	Annual Gala 2018	\$500	\$500	
	☑ Support ☐ Oppose	Expenditure				

SUBTOTAL \$

1,250

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

Amounts may be rounded to whole dollars.

	SCHEDULE D (CONT
Statement covers period	CASTORNIA VIRA
from1/1/2018	FORM FIVE
through 6/30/2018	Page 7 of 12
	I.D. NUMBER

NAME OF FILER Re-elect Benny Lee for City Council District 4 2016 1348446 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) CALENDAR YEAR TO DATE PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Yang Shao for Fremont city council dist. 4. Monetary 5/31/2018 FPPC 1405619 Contribution \$200 \$200 41406 Timber Creek Terrace, Fremont, CA Nonmonetary 94539 Contribution Independent Support Expenditure ☐ Oppose Arun Goel for Mayor, fppc#1406144 Monetary 6/3/2018 Contribution 2838 Southwind Lane, Dublin CA 94568 \$100 \$100 ☐ Nonmonetary Contribution Independent Expenditure ☑ Support ☐ Oppose Stewart Chen for Alameda city Council Monetary 6/7/2018 fppc#1405434 Contribution \$250 \$250 212 9th st., #100, Oakland CA 94607 ☐ Nonmonetary Contribution Independent Expenditure ☑ Support ☐ Oppose Fred Simon for Ora Loma Sanitary Dist Monetary 6/12/2018 2018 Contribution \$200 \$200 POB 275 San Leandro Ca 94579 ☐ Nonmonetary Contribution Independent Support Expenditure ☐ Oppose SUBTOTAL \$ \$750

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d		Statement covers from 1/1/20 through 6/30/2	18	SCHEDULE D (CONT.  CALIFORNIA 4 60  FORMI  Page 8 of 12		
Re-elect Be	enny Lee for City Council District 4 2016					1348446	6	
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
3/30/2018	Secretary of State, annual fee 2018 for Benny Lee for San Leandro Mayor 2018 FPPC #1404434	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$50	see Sch D	pg 5		_
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure						_
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					,	
	☐ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure						-

SUBTOTAL \$

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

50

Schedule E Payments Made		Amounts may be rounded to whole dollars.		Stateme	ent covers period	50V1F	schedule Ornia 460 RM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-elect Benny Lee for City Council District 4 2016				through	6/30/2018	Page I.D. NUM 134844	
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 civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTC campaign literature and mailings  MBR member communications  MBR member communications  MBR member communications  MER production costs  returned contributions  returned c						uction costs d meals and meals s of the sam	e candidate/sponsor
-NAME-AND-ADDRESS-OF-PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCR	IPTION OF PA	YMENT		AMOUNT PAID
John Chiang for Governor 2018, ID#1385799 1801 Century Park East #1132 Los Angeles, CA 90067		СТВ					\$1000
John Chiang for Governor 2018, ID#1385799 1801 Century Park East #1132 Los Angeles, CA 90067		СТВ					\$2000
kansen Chu for State Assembly 2018, ID#1393543 1121 L Street, Suite 211, Sacramento, CA 95814		СТВ					\$500

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

SUBTOTAL \$

3,500

Statem	ent covers period	CALIFORNIA / CO
from	1/1/2018	TORM - HUU
through_	6/30/2018	Page 10 of 12
l,, -, -,,,,,,,,		I.D. NUMBER
		1348446

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Re-elect Benny Lee for City Council District 4 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.	MBR	member communic	cations R	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appe	earances RI	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SA	AL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TE	EL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TI	RC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey	research Tf	RS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery a	and messenger services TS	SF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional servic	es (legal, accounting) Vo	OT.	voter registration
I IT	campaign literature and mailings	DDT	print ade		VED	information tooknology poets (internet a mail)

LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID			
Benny Lee for San Leandro Mayor 2018 FPPC#1404434 2238 Mariner Way, San Leandro, CA 94579		TSF		\$50,000			
Secretary of State, annual fee 2018 Sacramento, CA		СТВ	For Benny Lee for San Leandro Mayor 2018 FPPC#1404434, annual fee 2018	\$50			
Abel Guillen for City Council 2018 FPPC#1395580 2201 Broadway, Suite M-2, Oakland, CA 94612		СТВ		\$250			
Phong La for Assessor 2018, FPPC# 1403905 5920 Newpark Mall Rd., Newark CA 94560		СТВ		\$250			
Betty Yee for Controller 2018, ID#1374814 2201 Broadway, Suite M-2, Oakland, CA 94612		СТВ		\$500			

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

51,050

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	ele

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period CALLOTTIA A CO

Payments Made		-	from	1/1/2018	The same of the sa	
SEE INSTRUCTIONS ON REVERSE			through	6/30/2018	Page	11 of 12
Re-elect Benny Lee for City Council District 4 2016					1348446	l l
CODES: If one of the following codes accurately describes the payment, y	ou may en	ter the code. Othe	rwise, descr	ibe the payment.	<del>-1</del>	
CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  MTG meetings ar  OFC office expendence of petition circumpaths of petition circum	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)			airtime and production and contributions aign workers' salaries cable airtime and prodate travel, lodging, aspouse travel, lodging, or between committee registration nation technology cost	duction costs nd meals , and meals es of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DES	SCRIPTION OF P	AYMENT		AMOUNT PAID
Sara Lamnin Hayward City Council ID#1365235 1090 B-Street, #130 Hayward, CA 94541	СТВ					\$250
Andy Li for Community College Board 2018 FPPC#1403013 POB 2333, San Ramon CA 94583	СТВ					\$250
Nancy O,Malley DA for Alameda Count FPPC#1322240 2201 Broadway, Suite M-2, Oakland, CA 94612	СТВ					\$250
Davis Street Family Resource Center-501c3 ID#94-3121699 3081 Teagarden Street San Leandro, CA 94577	CVC					\$500
Yang Shao for Fremont city council dist. 4, FPPC 1405619 41406 Timber Creek Terrace, Fremont, CA 94539	СТВ					\$200
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.			S	UBTOTAL \$	1,450

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2018 6/30/2018	SCHEDULE E (CONT.)  GALFORNIA 460  FORM Page 12 of 12
NAME OF FILER  Re-elect Benny Lee for City Council District 4 2	2016	3	I.D. NUMBER 1348446
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants	ely describes the payment, you may enter the code  MBR member communications  MTG meetings and appearances	e. Otherwise, describe the payment.  RAD radio airtime and production  RFD returned contributions	

OFC office expenses
PET petition circulating

phone banks

polling and survey research

PHO

CTB contribution (explain nonmonetary)\*

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

candidate filing/ballot fees

CVC civic donations

FND fundraising events

FIL

	rvices TSF transfer between committees ing) VOT voter registration	of the same candidate/sponsor
CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
СТВ		\$100
СТВ		\$250
СТВ		\$200
	POS postage, delivery and messenger se professional services (legal, account print ads  CODE OR  CTB  CTB	POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads  CODE OR DESCRIPTION OF PAYMENT  CTB  CTB  CTB

550

SUBTOTAL \$

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

COVER PAGE **Recipient Committee** Campaign Statement Cover Page JAN 1 2 2018 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 7/1/2017 from CITY CLERK'S OFFICE 12/31/2017 SEE INSTRUCTIONS ON REVERSE through. 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure ☐ Preelection Statement Quarterly Statement O State Candidate Election Committee Committee ✓ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also Complete Part 6) (Also file a Form 410 Termination) ☐ Amendment (Explain below) ☐ General Purpose Committee □ Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1348446 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Re-elect Benny Lee for City Council District 4 2016 Rose Na MAILING ADDRESS 2238 Mariner Way STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE STATE ZIP CODE 2238 Mariner way San Leandro CA 94579 510-306-2238 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY San Leandro CA 94579 510-306-2238 same as above MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS same as above CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS rose@itmindset.com rose@itmindset.com 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 1/10/2018 Executed on \_ Date 1/10/2018 Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page 2	of_4

Officeholder or Candidate Controlled Comm	ittee	6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					_
Benny Lee								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			SUPPORT	_
San Leandro City Council District 4 2016							OPPOSE	
	ITY STATE ZIP			-				_
2238 Mariner Way San Le	andro, CA 94579		Identify the controlling officeh	older, candida	te, or state	measure pro	ponent, if any.	_
			NAME OF OFFICEHOLDER, CANDI	DATE, OR PROP	ONENT			
Related Committees Not Included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	), IF ANY	_
COMMITTEE NAME	I.D. NUMBER					į		_
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candid officeholder(s) or candidate(s) for	date/Officeh	older Co	ommittee <i>L</i>	List names of	
	☐ YES ☐ NO		officeriolder(s) of candidate(s) fo	JI WIIICII UIIS CC	mmmee is	primarny torn	rea.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	_
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CAN	NDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	_
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CAN	NDIDATE (	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	_
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)						Li offose	
	<b>,</b>		•					_

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 7/1/2017 from	CALIFORNIA 460
12/31/2017	Page3 of
 	I.D. NUMBER
	1348446

Re-elect Benny Lee for City Council District 4 2016			1348446
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
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	\$ 0000000000000000000000000000000000000	\$ 28,050	1/1 through 6/30 7/1 to Date  20. Contributions Received \$\$  21. Expenditures Made \$\$ \$
Expenditures Made  6. Payments Made	\$ 125 0 0	\$ 3,755.50 0 0	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	0 0 125	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.		Sta	itement cove 7/1/2	•	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE				throug	<sub>gh</sub> 12/3 <sup>-</sup>	1/2017	Page	4 of
NAME OF FILER  Re-elect Benny Lee for City Council District 4 2016				•			1.D. NUMB 1348446	
CODES: If one of the following codes accurately describ	pes the payment, y	ou may er	iter the code. Other	erwise, de	scribe the	payment.		· • · · · · · · · · · · · · · · · · · ·
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*  CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	MBR member com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researe	es Ch	RAD ra RFD ra SAL c TEL t. TRC c TRS s	adio airtime ai eturned contri ampaign work v. or cable air andidate trave taff/spouse tra	nd production co butions (ers' salaries time and producel, lodging, and r avel, lodging, and ravel, lodging, an	ition costs neals d meals	candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professional PRT print ads			VOT v	oter registration			•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION C	F PAYMENT			AMOUNT PAID
APCaucus ID#1288862 1319 Washington Ave., #223, San Leandro, CA 93577			ACDCC Unity D	inner				\$75
Secretary of State, Sacramento, CA			FPPC annual fe	e			-	\$50
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.	<u>'</u>			ŞUB	TOTAL \$	125
Schedule E Summary			<u> </u>					
Itemized payments made this period. (Include all Schedu	ıle E subtotals.)			••••••			\$	125
2. Unitemized payments made this period of under \$100				•••••	•••••		\$	see above
3. Total interest paid this period on loans. (Enter amount fro	om Schedule B, Par	t 1, Colum	n (e).)			•••••	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column	A, Line 6.	)	TOT	AL \$	125

Desirient Committee				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			CITY OF SAN LEANDRO	
	Statement covers period	Date of election if applicable:	1 22/11/DA	Page1 of13
	1/1/2017	(Month, Day, Year)	JUL 3 1:2017	For Official Use Only
	from		JOE & T: ZOIL	
SEE INSTRUCTIONS ON REVERSE	through6/30/2017		CITY CLERK'S OFFICE	
1. Type of Recipient Committee: All Committees - Committe	mplete Parts 1, 2, 3, and 4,	2. Type of Statement:	· · · · · · · · · · · · · · · · · · ·	
☑ Officeholder, Candidate Controlled Committee ☐ F	Primarily Formed Ballot Measure	☐ Preelection Statement ☐ Semi-annual Statemen		erly Statement
O Recall (	Ontrolled	Termination Statement	- Openie	il Odd-Year Report
(Also Complete Part 5)	Sponsored	(Also file a Form 410 Te		
☐ General Purpose Committee	Also Complete Part 6)	Amendment (Explain b		<b>~</b>
○ Sponsored □ P	Primarily Formed Candidate/		·	į
2 Sindi Stritibator Strimittee	Officeholder Committee Also Complete Part 7)			
O Political Party/Central Committee				
	D. NUMBER 1348446	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	•	
Re-elect Benny Lee for City Council District 4 20	016	Rose Ng		
		MAILING ADDRESS		
		2238 Mariner Way		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	
2238 Mariner Way		San Leandro	CA 94579	510-306-2238
CITY STATE ZIP COI		NAME OF ASSISTANT TREASURE	R, IF ANY	
San Lenadro CA 94579	510-306-2238	same as above		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
same as above		·		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL FAVOR WALLANDERS	~~	(
rose@itmindset.com		OPTIONAL: FAX / E-MAIL ADDRES	SS	*
	······	rose@itmindset.com	····	
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my l	knowledge the information contained	herein and in the attached sche	dules is true and complete. I
	Camorna that the foregoing is the and			
Executed on	Ву	Signature of Treasurer or Assistant	Transurar	
7/28/2017		Signalure of Heasurer of Assistant	, treasmer	
Executed onDate	BySignature of @entr	Olficeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Sponsor	<u> </u>
	,		• • • • • • • • • • • • • • • • • • • •	
Executed onDate	By	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ru			
Date	By	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

## Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 13

Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE	_	NAME OF BALLOT MEASURE				
Benny Lee						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	• · · · · · · · · · · · · · · · · · · ·	BALLOT NO. OR LETTER	JURISDICTI	ON		-SUPPORT
San Leandro City Council District 4 2016					[	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	•					
2238 Mariner Way San Leandro, CA 94579		Identify the controlling office			measure pro	ponent, if any.
	•	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PE	ROPONENT		
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.		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER	•	-			<u> </u>	
IAME OF TREASURER CONTROLLED COMMITTEE?	. 7.	. Primarily Formed Can	didate/Offic	eholder Co	ommittee <i>L</i>	ist names of
						ist names or
		officeholder(s) or candidate(s	s) for which this	s committee is	primarily form	ed.
☐ YES ☐ NO	-	NAME OF OFFICEHOLDER OR	s) for which this		primarily form  JGHT OR HELD	SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			s) for which this	OFFICE SOL	primarily form	ed.
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	s) for which this Candidate Candidate	OFFICE SOL	primarily form	SUPPORT OPPOSE SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  ITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	s) for which this Candidate Candidate	OFFICE SOL	primarily form  JGHT OR HELD  JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  STATE ZIP CODE AREA CODE/PHONE  OMMITTEE NAME  I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	primarily form  JGHT OR HELD  JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME  I.D. NUMBER  CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign	Disclosure	Statement
<b>Summary</b>	Page	

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Summary Page	to whole dollars.	Star	tement covers period 1/1/2017	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through	6/30/2017	Page of	
Re-elect Benny Lee for City Council District 4 2016				1348446 -	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and	
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	\$ \frac{0}{28,050}\$	\$ \frac{-28,050}{0} \\ \$ \frac{28,050}{0} \\	20. Contributions Received \$	\$\$	
Expenditures Made  6. Payments Made	\$ \frac{0}{3,630.50} \\ \frac{0}{0}	\$ 3,630.50 0 \$ 3,630.50 0 0 \$ 3,630.50	Candidates  22. Cumulat	Summary for State  ive Expenditures Made* o Voluntary Expenditure Limit)  Total to Date	
Current Cash Statement  12. Beginning Cash Balance	\$ 0 \$ 0 3,630.50 \$ 63,899.92 \$ 0	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, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.	may be different from amounts  FPPC Form 460 (Jan/2016)	
70. Octoballoning Dodge And Line 2 Tillie 9 III Column B above	Ψ	1	FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772)	

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from1/1/2017		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON DEVEDSE		·	through6/3	0/2017	Page	o_4_of_/3_
NAME OF FILER	enny-Lee for City-Council District 4 2016					1.D. NI 13484	JMBER 146
DATE RECEIVED	-FULL-NAME, STREET-ADDRESS-AND-ZIP GODE-OF-GONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	JE 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)
2/11/2017	Calfiornia Apt Ass'n PAC#745208 980 Ninth Street, STE 1430 Sacramento, CA 95814	□IND □COM □OTH ☑PTY □SCC		\$2500			
2/20/2017	Dan Grace 963 Lee Ave., San Leandro	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	S/E Zocalo coffee house	\$500			
2/20/2017	John Walsh 4412 Kastania Rd Petaluma, CA 94952	☑IND □COM □OTH □PTY □SCC	Retiree	\$100			
3/3/2017	Derrick Gee 5647 Loveland Street West Bloomfield, MI 48322	IND COM OTH PTY	Retiree	\$200			
3/3/2017	Bryan Azevedo 963 Dillo St., San Leandro CA <i>§</i> 94578	Z IND   COM   OTH   PTY   SCC	SMW Local 104 sheet metal worker	\$100			
			SUBTOTAL \$	3400			
	A Summary ceived this period – itemized monetary contributions.			27 800	IND.	ntributor ( — Individ	

一直之后之,这是对其他此次的特殊的。

(Include all Schedule A subtotals.) .....\$

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

3. Total monetary contributions received this period. 28,050 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$

(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)

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Stater	nent covers period	CALIFORNIA 460
rom	1/1/2017	FORM 400
hrough _	6/30/2017	Page 5 of <u>/3</u>

NAME OF FILER	•			· · · · · · · · · · · · · · · · · · ·	**	I.D. NL	IMBER	
Re-elect Be	Re-elect Benny Lee for City Council District 4 2016						1348446	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y		PER ELECTION TO DATE	

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)
3/3/2017	Christopher Roth 1136 Brace Ave.,#4 San Jose, CA 95125	☑IND □COM □OTH □PTY □SCC	Viavi Solutions Legal Operation Mgr	\$100		
3/3/2017	Ky Vo Truong 2661 Hutchings., San Jose, CA 94111	☑IND □COM □OTH □PTY □SCC	S/E Alameda Auto Body	\$1500		
3/3/2017	Phuc Hong Tran 4715 Dunkirk Ave., Oakland, CA 94605	☑IND □COM □OTH □PTY □SCC	S/E Phuc H. Tran Insurance Agency	\$500		
3/3/2017	Alpha Design & Contruction 926 E 10th St., Oakland, CA 94606	□IND □COM □OTH □PTY □SCC		\$500		
3/3/2017	Anna Wong 2944 - 68th Ave Oakland, CA 94605	☑IND □COM □OTH □PTY □SCC	S/E Saigon Printing	\$500		
			SUBTOTAL \$	3100		

\*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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Amounts may be rounded to whole dollars.

NAME OF FILER					I.D. NU	JMBER
Re-elect Be	enny Lee for City Council District 4 2016		a region. The title mouth is a significant with an experience assumes a		13484	146
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)
3/3/2017	Ken Chew for Bart Board 2017 fppc#138408 460 Center St., STE 6543 Moraga, CA 94570	□IND □COM □OTH ☑PTY □SCC		\$500		
3/3/2017	Marita Cheng 2365 East Ave., Hayward, CA 94541	☑IND □COM □OTH □PTY □SCC	S/E Skywest Restaurant	_ \$300		- <u>-</u>
3/3/2017	Abel Guillen 5111 Telegraph Ave., #312 Oakland, CA 94609	☑IND □COM □OTH □PTY □SCC	Oakland City Councilmember	\$250		
3/3/2017	Cimberly Tamura POB 3759, San Leandro, CA 94578	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retiree	\$200		
3/3/2017	Ming Hua Zhu 713 Ramona Ave., Albany, CA 94706	☑IND □COM □OTH □PTY □SCC	S/E Peony Restaurant	\$200		
			SUBTOTAL	1450		

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

Amounts may be rounded to whole dollars.

| SCHEDULE A (CONT.)
Statement covers period	FORM	460			
through	6/30/2017	Page	7	of	/3
I.D. NUMBER					

NAME OF FILER					I.D. N	IUMBER	$\neg$
Re-elect Be	nny Lee for City Council District 4 2016		44.4		1348	446	
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)	<del></del> -
3/3/2017	Sunrise Pacific, Inc. 69 Sanders Ranch Rd., Moraga, CA 94556	□IND □COM ☑OTH □PTY □SCC		\$200			_
3/3/2017 _	Martin Wong 15122 Flying Mist Rd., San Leandro, CA 94579	☑IND □COM □OTH □PTY □SCC	Cal Bank Trust Branch Manager	\$100	-		
3/3/2017	David Lee Anderson, Sr. 1271 Vistagrand Dr., San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	retiree	\$150			_
3/3/2017	Michael Lai 2000 Lost Angeles Ave., Berkeley, CA 94707	☑IND □COM □OTH □PTY □SCC	retiree	\$100			
3/3/2017	Helena B. Straughter 4706 Springlake Dr., San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	retiree	\$100			_ 
			SUBTOTAL \$	650			

\*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 may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA 160
from	1/1/2017	FORM 400
through _	6/30/2017	Page 8 of /3
		I.D. NUMBER

IAME OF FILER			·			I.D. NUM	BER
Re-elect Be	enny Lee for City Council District 4 2016	Jan Bergary, brieslyddin	man i or or			134844	6
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)
3/3/2017	Arlene Lum 15127 Inverness St., San Leandro, CA 94579	☑IND □COM □OTH □PTY □SCC	retiree	\$100			
3/3/2017	Stewart Chen 212 9th St., STE 103, Oakland, CA 94607	☑IND □COM □OTH ··· □PTY □SCC	S/E Careplus Chiropractic Health Center	\$100	-		
3/3/2017	Cal Coast Companies, LLC 11726 San Vicente Blvd., #235 Los Angeles, CA 90049	□IND □COM ☑OTH □PTY □SCC		\$5000			
3/3/2017	Jianshen & Shufei Yang 3 Nakayama Ct., Alameda, CA 94502	☑IND □COM □OTH □PTY □SCC	S/E Zenstone VC	\$3000			
3/3/2017	U.S. Freight Systems, Inc. 1819 10th St., Oakland, CA 94607	□IND □COM □OTH □PTY □SCC		\$3000			
			SUBTOTAL	11,200			

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(other than PTY or SCC)
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PTY – Political Party

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

Amounts may be rounded to whole dollars.

Statement covers period

				from1/1/2	2017	FORM 400
				through6/3	l	age 9 of 13
NAME OF FILER						.D. NUMBER
Re-elect Be	nny Lee for City Council District 4 2016		of the photostating point print, seed the in the same the		1:	348446
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 OE BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
3/4/2017	Foodnet Supermarket, Inc. 1960 Lewelling Blvd., San Leandro, CA 94579	□IND □COM ☑OTH □PTY □SCC		\$500	·	
3/4/2017	Creekside Associates, LLC 1221 Bridgeway, STE #1 Sausalito, CA 94965	□IND □COM ☑OTH □PTY □SCC		\$500		
3/4/2017	Esther Zee Lee 8 Wykeham Rd., West Newton, MA 02465	☑IND □COM □OTH □PTY □SCC	retiree	\$200		
3/6/2017	Lena Tam 2816 Waterton St., Alameda, CA 94501	☑IND □COM □OTH □PTY □SCC	EMBUD/engineer	\$300		
3/8/2017	Jerry Garcia Insurance Agency Inc. 15200 Hesperian Blvd., 102 San Leandro, CA 94578	□IND □COM ☑OTH □PTY □SCC		\$250		
			SUBTOTAL	\$ 1750		

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(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 A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Wonetary	Contributions Received	to whole dollars.		from1/1/2	/2017 CALIFORNIA 46		0
				through6/30	0/2017 P	page 10 of /3	_
NAME OF FILER						.D. NUMBER	
Re-elect Be	enny Lee for City Council District 4 2016				1:	348446	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
3/8/2017	Joseph Lamnin 2294 Eastabrook Dr., San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	retiree	\$250			(
3/22/2017	Kent Lin Moo Lau 2825 Delaware St., Oakland, CA 94602	☑IND □COM □OTH □PTY □SCC	S/E East T & K LLC	\$3000			
3/22/2017	CC Yin 185 Butcher Rd., Vacaville, CA 95687	☑IND □COM □OTH □PTY □SCC	S/E Yin McDonald's	\$500			
4/6/2017	SLCC, LLC 520 S El Camino Real STE 900 San Mateo, CA 94402	□IND □COM ☑OTH □PTY □SCC		\$1,500			
4/27/2017	Carl Chan 37 Hay CT., Alameda, CA 94502	☑IND □COM □OTH □PTY □SCC	S/E Claremont Realty	\$1000			(
			SUBTOTAL	\$ 6,250			

\*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 D Summary of Expenditures

Amounts may be rounded

SCHEDULE D

DATE						46
	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 (IE REQUIRED
	Wilma Chan for Supervisor ID#1363132 POB 1293, Alameda, CA 94501	Monetary Contribution Nonmonetary Contribution Independent	campaign fundraising	\$250	·	
	☑ Support ☐ Oppose	Expenditure				
8/25/2017	John Chiang for Governor 2018 ID#1385799 16633 Ventura Blvd., #1008 Encino, CA 91436	Monetary Contribution  Nonmonetary Contribution  Independent	campaign fundriasing	\$2000		
	☑ Support ☐ Oppose	Expenditure				
3/26/2017	Angel Island Immigration Station Foundation 501c3 ID#94-2909759 5 Third St., STE 700 San Francisco, CA 94102	Monetary Contribution  Nonmonetary Contribution  Independent	Civic contribution	\$500		
	☑ Support ☐ Oppose	Expenditure				
			SUBTOTAL \$	2750		

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
FND		\$750
	For Indo-American Unity dinner	\$100
cvc	see Sch D	\$500
	FND	FND For Indo-American Unity dinner see Sch D

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

**SUBTOTAL \$** 

1350

#### **Schedule E Summary**

Itemized payments made this period. (Include all Schedule E subtotals.)	00.00
2. Uniternized payments made this period of didder \$100	30.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	-0-
	30.50

Schedule E	
(Continuation Sheet)	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

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

Statement covers period CALIFORNIA **FORM** 1/1/2017 from 6/30/2017 through. I.D. NUMBER 1348446

NAME OF FILER Re-elect Benny Lee for City Council District 4 2016

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* OFC office expenses TEL t.v. or cable airlime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)\* VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) see Sch D Wilma Chan for Supervisor ID#1363132 POB 1293, Alameda, CA 94501 \$250 FND See Sch D John Chiang for Governor 2018 ID#1385799 16633 Ventura Blvd., #1008 \$2000 FND Encino, CA 91436

FPPC Form 460 (Jan/2016)

2250

- Ben ...

**SUBTOTAL \$** 

CITY OF	<b>2 5</b> 20	ANDRO Pa	ALIFORNIA 460 FORM of 4 For Official Use Only
ent nent ent 0 Termination) in below)		Quarterly Special O	Statement dd-Year Report
URER, IF ANY	STATE CA	ZIP CODE 94579	AREA CODE/PHONE 510-306-2238

**Campaign Statement Cover Page** Date of election if applicable Statement covers period (Month, Day, Year) 10/23/2016 from 12/31/2016 11/8/2016 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Stateme ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Committee Semi-annual Stater State Candidate Election Committee O Controlled ○ Recall Termination Statem (Also Complete Part 5) Sponsored (Also file a Form 41 (Also Complete Part 6) Amendment (Expla General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) **Committee Information** 1348446 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Rose Ng Re-elect Benny Lee for City Council 2016 District 4 MAILING ADDRESS 2238 Mariner Way STREET ADDRESS (NO P.O. BOX) 2238 Mariner Way San Leandro NAME OF ASSISTANT TREAS CITY AREA CODE/PHONE STATE ZIP CODE CA 94579 510-306-2238 San Leandro MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE AREA CODE/PHONE CITY CITY ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL AD 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information conta certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 1/1/2017 Executed on 1/1/2017 Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee** 

Executed on

FPPC Form 460 (Jan/2016)

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

CITY OF SAN LEANDRO

TIOS & S WAL

CITY CLERK'S OFFICE

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

CALIFORNIA 460

Officeholder or Candidate Controlled Comr	nittee .	6 <b>.</b>	Primarily Formed Ballot Measure	Committee	-		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				•
Benny Lee							_
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)	-	BALLOT NO. OR LETTER JURISDICT	ON	1 —		
San Leandro City Council District 4						OPPOSE	-
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeholder can	lidato oretato	moscuro propo	nent if any	(
2238 Mariner Way San Le	eandro, CA 94579				- Illeasure propo	ment, ir any.	•
			NAME OF OFFICEHOLDER, CANDIDATE, OR P	ROPONENT			
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY	•
COMMITTEE NAME	I.D. NUMBER				·		-
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/Offi	ceholder Co	ommittee List	names of	
NAME OF THE AGONETY			onicenoider(s) or candidate(s) for which this	s commutee is	primarny formed		_
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT ·	
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	•
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEROL DEP OF CANDIDATE	OFFICE SOI	IGHT OF HELD		-
			NAME OF OFFICEROLDER OR CANDIDATE	OFFICE SOC	JGITT ON TILLED	SUPPORT OPPOSE	
NAME OF TREASURER			NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT	•
COMMITTEE ADDRESS STREET ADDRESS (NO DO						☐ OPPOSE	
OUMINITITE ADDRESS STREET ADDRESS (NO P.U.	טטאן		•	!		·	-
CITY STATE ZIP	CODE AREA CODE/PHONE		Attach continua	tion sheets if ı	necessary		
	Benny Lee OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI San Leandro City Council District 4 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 2238 Mariner Way San Le Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE NAME  NAME OF TREASURER  STREET ADDRESS (NO P.O. COMMITTEE NAME  STREET ADDRESS (NO P.O. COMMITTEE ADDRESS STREET ADDRESS (NO P.O. COMMITTEE NAME	Benny Lee  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  San Leandro City Council District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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 LD. NUMBER  NAME OF TREASURER CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME LD. NUMBER  NAME OF TREASURER CONTROLLED COMMITTEE?  YES NO  COMMITTEE NAME STATE ZIP CODE AREA CODE/PHONE  COMMITTEE NAME CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	Benny Lee  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  San Leandro City Council District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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?   YES   NO  COMMITTEE NAME   I.D. NUMBER    C	NAME OF OFFICEHOLDER OR CANDIDATE  Benny Lee  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  San Leandro City Council District 4  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  The primarily Formed Candidate/Office ficeholder (s) or candidate(s) for which this name of officeholder or candidate)  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE  Benny Lee OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER JF APPLICABLE)  San Leandro City Council District 4 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 2238 Mariner Way San Leandro, CA 94579  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  LD. NUMBER  CONTROLLED COMMITTEE?  YES NO  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOU  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE	NAME OF OFFICEHOLDER OR CANDIDATE  Benny Lee OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  San Leandro City Council District 4 RESIDENTIAU/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 2238 Mariner Way San Leandro, CA 94579  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  COMMITTEE ADDRESS STREET ADDRESS (NO.P.O. BOX)  COMMITTEE NAME  LID. NUMBER  COMMITTEE NAME  LID. NUMBER  AREA CODE/PHONE  COMMITTEE NAME  LID. NUMBER  LID. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE  Benny Lee  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  San Leandro City Council District 4  RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) CITY STATE ZIP  2238 Mariner Way San Leandro, CA 94579  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  CONTROLLED COMMITTEE?  COMMITTEE ADDRESS STREET ADDRESS (NO.P.O. BOX)  NAME OF TREASURER  CONTROLLED COMMITTEE?  COMMITTEE NAME  I.D. NUMBER  AREA CODE/PHONE  AREA CODE/PHONE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OFFICE SOUGHT OR HELD  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OPPOSE  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  OP

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from\_

10/23/2016

12/31/2016

SEE INSTRUCTIONS ON REVERSE		through		. ugo	
NAME OF FILER				I.D. NUMBER	
Benny Lee for City Council District 4	more on west, you've receive you've be bound, amongstone of persons			1348446	
Contributions Received	(FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and	
1. Monetary Contributions	\$ 0.00	\$\frac{13,151.95}{0.00}\$\$ \$\frac{13,151.95}{480.00}\$\$ \$\frac{13,631.95}{0.00}\$\$	20. Contributions Received \$	7/1 to Date \$\$	(
Expenditures Made  6. Payments Made	\$ 50.00 0.00 \$ 50.00 0.00 0.00	\$ 6,038.15 0.00 \$ 6,038.15 0.00 480.00 \$ 6,518.15	Expenditure Limit S Candidates  22. Cumulati (If Subject to Date of Election (mm/dd/yy)	Summary for State  ve Expenditures Made* Voluntary Expenditure Limit)  Total to Date	
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.  17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$ 39,530.42 0.00 0.00 50.00 \$ 39,480.42 \$ 0.00	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, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section in reported in Column B.		(
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0.00		FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	)

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Benny Lee for City Council District 4  CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	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)			RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging TSF transfer between committee voter registration	n costs duction costs nd meals , and meals es of the same	A of #
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRT print ads	CODE OR	DESCI	WEB information technology cos	is (internet, e-ii	AMOUNT PAID
* Payments that are contributions or independent expenditures must also b	oe summarized on Scho	edule D.		s	UBTOTAL \$	-0-
<ol> <li>Itemized payments made this period. (Include all Schedule)</li> <li>Unitemized payments made this period of under \$100</li> <li>Total interest paid this period on loans. (Enter amount from the payments made this period. (Add Lines 1, 2, and 3)</li> </ol>	m Schedule B, Pa	t 1, Column (e).)			\$	-0- 50 -0- 50

## **Certification of Records**

I hereby attest that the 4 pages contained herewith Form 460 Re-elect Benny Lee for City Council 2016 District 4 received January 25, 2017, are true and correct copies of the original documents submitted to the City Clerk's Office in the City of San Leandro.

Deon Sailes, Deputy City Clerk

August 9, 2017

Date

**⊗** ♦♦♦ **⊗** 

Executed on \_\_

SEE INSTRUCTIONS ON REVERSE	Statement covers period 9/25/2016 through 10/22/2016	Date of election if applicable: (Month, Day, Year)  11/8/2016	OCT 24 2016 CITY CLERK'S OFF	For Official Use Only
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored complete Part 6) rimarily Formed Candidate/ fficeholder Committee complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	.□ s	Quarterly Statement pecial Odd-Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Re-elect Benny Lee for City Council 2016 District  STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way		Treasurer(s)  NAME OF TREASURER  Rose Ng  MAILING ADDRESS  2238 Mariner Way  CITY  San Leandro	CA 94	P CODE AREA CODE/PHONE 1579 510-306-2238
CITY STATE ZIP COD San Leandro CA 94579 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP COD	510-306-2238	NAME OF ASSISTANT TREASUREI  MAILING ADDRESS  CITY		P CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS		OPTIONAL: FAX/E-MAILADDRES	s	
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of Control of the State of Control of	California that the foregoing is true and  By	knowledge the information contained correct.  Signature of Treasure or Assistant Colling Officeholder, Candidate, State Measure Processing Controlling Controlling Officeholder, Candidate, State Measure Processing Controlling	Treasurer opponent or Responsible Officer of S	·

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Date

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

CALIFORNIA 460
FORM

Page 2 of 5

DIDATE				NAME OF BALLOT MEASURE				••
DE LOCATION AND DISTRICT	NUMBER IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
District 4								OPPOSE
	TY ST	ATE ZIP						****
Sanlaa	endro CA 9/57	<b>7</b> 0		Identify the controlling office	holder, candid	date, or state	measure pro	ponent, if any.
Oan Lea	indro, OA 3437			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	OPONENT	<del>.</del>	
at are controlled by you or a	are primarily forme			OFFICE SOUGHT OR HELD			DISTRICT NO	), IF ANY
	I.D. NUMBER					_	<u>L</u>	
l l								
- 11000	CONTROLLED CO	MMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)				
REET ADDRESS (NO P.O. BO	☐ YES ☐		7.	Primarily Formed Cand officeholder(s) or candidate(s)  NAME OF OFFICEHOLDER OR CA			ommittee I primarily form JGHT OR HELD	
REET ADDRESS (NO P.O. BO STATE ZIP CO	YES [		7.		ANDIDATE	OFFICE SOL		SUPPOR
	YES [	] NO	7.	NAME OF OFFICEHOLDER OR CA	ANDIDATE ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
	District 4  (NO. AND STREET) CI  San Lea  Included in this State are controlled by you or	District 4  (NO. AND STREET) CITY ST  San Leandro, CA 9457  Included in this Statement: List any the are controlled by you or are primarily former es on behalf of your candidacy.	(NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.	District 4  (NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Included in this Statement: List any committees are controlled by you or are primarily formed to receive tes on behalf of your candidacy.	District 4  (NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Identify the controlling office NAME OF OFFICEHOLDER, CANE  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive res on behalf of your candidacy.  OFFICE SOUGHT OR HELD	District 4  (NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Identify the controlling officeholder, candid NAME OF OFFICEHOLDER, CANDIDATE, OR PRO  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive the son behalf of your candidacy.  OFFICE SOUGHT OR HELD	District 4  (NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive the set on behalf of your candidacy.  Included in this Statement: List any committees are controlled by you or are primarily formed to receive the set on behalf of your candidacy.  Included in this Statement: List any committees are controlled by you or are primarily formed to receive the set on behalf of your candidacy.	District 4  (NO. AND STREET) CITY STATE ZIP  San Leandro, CA 94579  Identify the controlling officeholder, candidate, or state measure pro  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  Included in this Statement: List any committees at are controlled by you or are primarily formed to receive the son behalf of your candidacy.  District 4  Identify the controlling officeholder, candidate, or state measure pro  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from	Statement covers period 9/25/2016	CALIFORNIA 460
thro	10/22/2016	Page3 of
		I.D. NUMBER
		1348446

Re-elect Benny Lee for City Council District 4 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** - 13.151.95 1/1 through 6/30 7/1 to Date 20. Contributions -0-13.151.95 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received -0-480 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures -0-13.631.95 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 5988.15 500 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ -0--0-7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made\* 500 5988.15 SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) -0--0-9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Total to Date Date of Election 480 (mm/dd/yy) -0-500 6468.15 **Current Cash Statement** 40.030.42 12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts -0-14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 500 of your last report. Some amounts in Column A may 39.530.42 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14. then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ -0-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
SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amounts may be rounded to whole dollars.

| Statement covers period | FORM | 10/22/2016 | FORM | 10/22/2016

DATE		OFFICE, AND DISTRICT, OR	TYPE OF PAYMENT	DESCRIPTION	AMOUNT THIS	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE
DATE		LETTER AND JURISDICTION, DMMITTEE	TIFE OF PAIMENT	(IF REQUIRED)	PERIOD.	(JAN. 1 - DEC. 31)	(IF REQUIRED)
0/6/2016	Barbara Lee for Cong 505 14th 9 floor, Oak	gress FEC#C00331769 land Ca 94612	Monetary Contribution Nonmonetary Contribution Independent	fundraising	\$500	\$500	
	☑ Support	☐ Oppose	Expenditure				
	☐ Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			Monetary Contribution				
			Nonmonetary Contribution				
	☐ Support	Oppose	<ul> <li>Independent Expenditure</li> </ul>				
				SUBTOTAL	\$ 500		

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

500

Schedule E Payments Made	Amounts may t to whole d			Stateme	ent covers period 9/25/2016	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	10/22/2016	Page	ER	
Re-elect Benny Lee for City Council District 4				. , ,		1348446	<del></del>	_
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	nmunications d appearances ses lating urvey research very and messe	nger services	RAD radio a RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter r	airtime and production ed contributions aign workers' salaries cable airtime and prod late travel, lodging, an pouse travel, lodging, er between committee	duction costs and meals and meals s of the same	candidate/sponsor	- (
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	С	ESCRIPTION OF PA	YMENT		AMOUNT PAID	_
Barbara Lee for Congress FEC# C00331769 505 14th St., 9 floor, Oakland Ca 94612		СТВ					\$500	_
								_
								(
* Payments that are contributions or independent expenditures must also	be summarized on Sche	edule D.			SL	JBTOTAL \$	\$500	= , _
Schedule E Summary								_
1. Itemized payments made this period. (Include all Schedu							500 -0-	
2. Unitemized payments made this period of under \$100							-0- -0-	
3. Total interest paid this period on loans. (Enter amount from							500	
<ol><li>Total payments made this period. (Add Lines 1, 2, and 3.</li></ol>	. ∟nter here and on	the Summar	y Page, Colum	ın A, Line 6.)	TC	ノIAL \$		

Recipient Committee Campaign Statement Cover Page    Statement covers period from	<b>—</b> • • • • • • • • • • • • • • • • • • •				COVER PAGE
Statement covers period from 77/1/2016    Type of Recipient Committee: All Committee: All Committee: Committee: All Committee: Committee: All Committee: C				Date Stamp	CALIFORNIA 460
Statement covers period from 7/1/2016    Trivingh   Statement covers period   Trivingh   Statement covers period   Trivingh   Statement covers period   Trivingh   Statement covers period   Trivingh   Statement   State Candidate   Statement				CITY OF SAN LEAN	
SELE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4  2. Type of Recipient Committee: Committee   Percent	Cover rage			OIL OF OTHE LEAD	
SEE INSTRUCTIONS ON REVERSE    1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		·		OCT <b>0.3</b> 2016	For Official Lies Only
Treasurer(s)   State (Serious Committee: All Committee: Commit		from 7/1/2016	(Wonth, Day, Year)	30. 00 2010	For Official Use Offiny
Officeholder, Candidate Controlled Committee	SEE INSTRUCTIONS ON REVERSE	9/24/2016	11/8/2016	CITY CLERK'S OF	FICE
O State Candidate Election Committee O Controlled O Recall (No Complete Part) O Controlled O Sponsored O State Candidate Statement (Also file a Form 410 Termination Statement (Also file a Form 410 Termination) O Sponsored O State Candidate O Sponsored O Sponsored O State Candidate O Sponsored O State Candidate O Sponsored O Sponsored O State Candidate O Sponsored O Sponsored O Sponsored O State Candidate O Sponsored O Sponsored O State Candidate O Sponsored O Sponsored O Sponsored O State Candidate O Sponsored O Sponsored O State Candidate O Sponsored O Sponsored O State Candidate O State Candidate O Sponsored O State Candidate	1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4	2. Type of Statement:		
Recall   Controlled   Sponsored   Sponso	✓ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☑ Preelection Statement		Quarterly Statement
General Purpose Committee Sponsored				_	Special Odd-Year Report
General Purpose Committee Sponsored					
Sponsored Sponsored Orientibutor Committee Officeholder Officehol		(Also Complete Part 6)	•		
O Prolitical Party/Centrial Committee    Accommittee   Information   I.D. NUMBER   I.D	O Sponsored			,	
3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Re-elect Benny Lee for City Council 2016 District 4  Rose Ng  MALING ADDRESS  2238 Mariner Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  San Leandro  CA 94579 510-306-2238  MALING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MALING ADDRESS  CITY  STATE ZIP CODE  AREA CODE/PHONE  Same as Above  MALING ADDRESS  CITY  STATE ZIP CODE  AREA CODE/PHONE  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 9/24/2016  By  Signatura Pressurer or Assistant Treasurer  Executed on 9/24/2016  By  Signatura Pressurer or Assistant Treasurer  Signatura Pressurer or Assistant Treasurer	O Small Contributor Confinitee				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Re-elect Benny Lee for City Council 2016 District 4  Re-elect Benny Lee for City Council 2016 District 4  Rese Ng MAILING ADDRESS  2238 Mariner Way  CITY STATE ZIP CODE AREA CODE/PHONE San Leandro CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Same as Above MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  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 9/24/2016  By  Signature of TREASURER  ROSE Ng  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE 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  Executed on 9/24/2016  By  Signature of Treasurer  Signature of Treasurer  Signature of Treasurer  Signature of Treasurer  Signature of Assistant Treasurer  Signature of Assistant Treasurer	O Political Party/Central Committee				
Re-elect Benny Lee for City Council 2016 District 4  Re-elect Benny Lee for City Council 2016 District 4  Re-elect Benny Lee for City Council 2016 District 4  Rose Ng  MAILING ADDRESS  2238 Mariner Way  City  San Leandro  CA 94579  San Leandro  CA 9457			Treasurer(s)		
STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way  CITY STATE ZIP CODE AREA CODE/PHONE  San Leandro CA 94579 510-306-2238  MAILING ADDRESS  2238 Mariner Way  CITY STATE ZIP CODE AREA CODE/PHONE  San Leandro CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  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 9/24/2016  By  (Signature 47 reasurer or Assistant Treasurer  (Signature 47 reasurer or Assistant Treasurer		1040440	NAME OF TREASURER		
STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  San Leandro  CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY  STATE ZIP CODE  AREA CODE/PHONE  MAILING ADDRESS  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX/E-MAILADDRESS  OPTIONAL: FAX/E-MAILADDRESS  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 9/24/2016  By  (Signature Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX/E-MAILADDRESS  (Signature Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX/E-MAILADDRESS  (Signature Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX/E-MAILADDRESS  (Signature Way  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX/E-MAILADDRESS	Re-elect Benny Lee for City Council 2016 Distri	ct 4	Rose Ng		
STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way  CITY  STATE ZIP CODE AREA CODE/PHONE  San Leandro  CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY  STATE ZIP CODE AREA CODE/PHONE  Same as Above  MAILING ADDRESS  CITY  STATE ZIP CODE AREA CODE/PHONE  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 9/24/2016  By  Signature Affreesurer or Assistant Treasurer  9/24/2016  By  Signature Affreesurer or Assistant Treasurer  STATE ZIP CODE AREA CODE/PHONE  CITY  STATE ZIP CODE  AREA CODE/PHONE			110 1121121120		
2238 Mariner Way  City State Zip Code AREA CODE/PHONE San Leandro CA 94579 510-306-2238  Mailing Address (IF Different) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  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 9/24/2016  By Signature AFT-reasurer or Assistant Treasurer  San Leandro CA 94579 510-306-2238  NAME OF ASSISTANT TREASURER, IF ANY  Same as Above  MAILING ADDRESS  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  Executed on 9/24/2016  By Signature AFT-reasurer or Assistant Treasurer  9/24/2016	OTDEET ADDRESS AND DO DOW			OT: TE	710 CODE TO LONG
San Leandro  CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY  STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  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  By  (Signature Affreasurer or Assistant Treasurer 9/24/2016  By  (Signature Affreasurer or Assistant Treasurer 9/24/2016	·				
San Leandro CA 94579 510-306-2238  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS  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 9/24/2016  Date 9/24/2016  By (Signature defreesurer or Assistant Treasurer)  STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX/E-MAIL ADDRESS		DDE AREA CODE/PHONE			94379 310-300-2230
OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  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 9/24/2016  By Signature of Treasurer or Assistant Treasurer  9/24/2016  By Signature of Treasurer or Assistant Treasurer				,	
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 9/24/2016  By Signature of Treasurer or Assistant Treasurer  9/24/2016  By Signature of Treasurer or Assistant Treasurer	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
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 9/24/2016  By Signature of Treasurer or Assistant Treasurer  9/24/2016  By Signature of Treasurer or Assistant Treasurer					
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 9/24/2016  By Signature of Assistant Treasurer  9/24/2016	CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
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 9/24/2016  By Signature of Assistant Treasurer  9/24/2016	OPTIONAL · FAY / F.MAII ADDRESS		OPTIONAL - FAY / F. MAIL ADDRE	:00	
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 9/24/2016  By Signature of Assistant Treasurer  9/24/2016	of field at 1757 E to at 185 Acces		Of HORAL, FACT ENGLEDING		
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 9/24/2016  By Signature of Assistant Treasurer  9/24/2016	4. Verification				
Executed on 9/24/2016  By Signature of Treasurer or Assistant Treasurer  Fixecuted on 9/24/2016  By	I have used all reasonable diligence in preparing and review			d herein and in the attache	ed schedules is true and complete. I
Date    Signature of Treasurer or Assistant Treasurer	certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and	I correct		
Executed on 9/24/2016		Ву	7278		
			Signature of Treasurer or Assistal	nt treasurer	
Date Signature of Confidence indead in New York in New	Executed onDate	BySignature of Cont	rotting Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of	of Sponsor
Executed on By	Executed on	Rv			
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent	Date	-y <del></del>	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate	, State Measure Proponent	

CALIFORNIA 460

Page 2 of 6

AME OF OFFICEHOLDER OR CANDIDATE		And weeks and the second second	NAME OF BALLOT MEASURE				
senny Lee							
FFICE SOUGHT OR HELD (INCLUDE LOCAT	TION AND DISTRICT NUMBER IF	APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT -
San Leandro City Council District	· <b>A</b>						OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AN		STATE ZIP					
238 Mariner Way	San Leanro, CA	0/1570	Identify the controlling offi	ceholder, cand	lidate, or state m	easure propo	onent, if any.
230 Maillel Way	San Leanio, CA		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
sleted Committees Not Include	ad in this Statements	1 i-4itt					
elated Committees Not Include of included in this statement that are con	ntrolled by you or are primari	List any committees ly formed to receive	OFFICE SOUGHT OR HELD		1	DISTRICT NO. I	FANY
ontributions or make expenditures on be	ehalf of your candidacy.				ļ		
DMMITTEE NAME	I.D. NUMBI	ER .					
DMMITTEE NAME	I.D. NUMBI	ER					
OMMITTEE NAME	I.D. NUMBI	ER	7 Primarily Formed Ca	ndidate/Offic	ceholder Con	nmittee /is	st names of
		ER  LED COMMITTEE?	7. Primarily Formed Car officeholder(s) or candidate	ndidate/Offic	ceholder Con	nmittee Lis	st names of d.
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AME OF TREASURER  DIMMITTEE ADDRESS STREET ADD	CONTROL  Tyes  DRESS (NO P.O. BOX)	LED COMMITTEE?	officeholder(s) or candidate  NAME OF OFFICEHOLDER OF	(s) for which thi	OFFICE SOUG	HT OR HELD	d. 
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AME OF TREASURER  DMMITTEE ADDRESS STREET ADD	CONTROL  Tyes  DRESS (NO P.O. BOX)	LED COMMITTEE?	officeholder(s) or candidate  NAME OF OFFICEHOLDER OF	(s) for which thi	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
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## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

from\_

7/1/2016

SEE INSTRUCTIONS ON REVERSE		through .	9/24/2016	Page of
NAME OF FILER  Re-elect Benny Lee for City Council District 4				1348446
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COlumn B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
1. Monetary Contributions	\$ 500 -0-	\$-\frac{-13,151.95}{-0-}\$ \$\frac{13,151.95}{480}\$ \$\frac{13,631.95}{13,631.95}\$	1/1 ti 20. Contributions Received \$	\$\$
Expenditures Made  6. Payments Made	\$ 2280 -0- -0-	\$ 5488.15 -0- \$ 5488.15 -0- 480 \$ 5,968.15	Expenditure Limit S Candidates  22. Cumulati (If Subject to Date of Election (mm/dd/yy)	Summary for State  Eve Expenditures Made*  O Voluntary Expenditure Limit)  Total to Date  \$
Current Cash Statement  12. Beginning Cash Balance	\$	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, only carry over the amounts from Lines 2, 7, and 9 (if any).	reported in Column B.	may be different from amounts  FPPC Form 460 (Jan/2016)
-		1	FPPC Advice: adv	vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A		nts may be rounded whole dollars. ~	Statement cover	ers period 2016	CALIFOR FORM	SCHEDULE RNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE				4/2016	Page4of		
NAME OF FILER	enny Lee for City Council District 4				n over plants ass	I.D. NUMBEI 1348446		
DATE RECEIVED	FULL-NAME, STREET-ADDRESS-AND-ZIP-CODE-OF-GONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	JE 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)	
8/30/2016	IAFF, Local 95 PAC 369 15th St., Oakland, CA 94612	☐IND ☐COM ☐OTH ☑PTY ☐SCC	ID#892160	\$500				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 500				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)			•	IND COM OTH		Committee n PTY or SCC) , business entity)	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			E00		- Small Con	tributor Committee	

	es, Measures and Committees  ONS ON REVERSE			through 9/24/2	2016 Page	5 of 6
Re-elect Be	enny Lee for City Council District 4				13484	46
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 (IE REQUIRED)
3/8/2016	Abel Guillen for Oakland City Council FPPC 1365384 5111 Telegraph Ave., #312 Oakland, CA 94609	Monetary Contribution Nonmonetary Contribution Independent Expenditure	fundraising	\$250		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTA	AL \$ 250		
chedule	D Summary contributions and independent expenditures made					250

The statement of the st									SCH	HEDULE E
Schedule E Payments Made	Amounts may be to whole do			S		nt covers period 7/1/2016	CAL	FORN ORM	IA 4	160
SEE INSTRUCTIONS ON REVERSE				thro	ugh	9/24/2016	Page	6 JMBER	_ of	b
NAME OF FILER  Pa clost Poppy Lea for City Council District 4							13484			
Re-elect Benny Lee for City Council District 4							13404	140		
CODES: If one of the following codes accurately describe	es_the_payment,_yo	ou.may_en	ter the code. C	Otherwise, d	lescrib	e the payme	ent	. <b></b>		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member com MTG meetings and OFC office expens	i appearance	S	RFD SAL	returne campa	irtime and produ d contributions gn workers' sala	ries			
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks					able airtime and ate travel, lodging		sts		
FND fundraising events	POL polling and s	urvey researd		TRS	staff/sp	ouse travel, lodg	jing, and meals		P 1 . 4 . 7 .	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, deli PRO professional					r between comm egistration	littees of the sa	me can	aldate/s	ponsor
LIT campaign literature and mailings	PRT print ads		-	WEB	informa	tion technology	costs (internet	e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR .	DESCRIPTION	OF PAY	MENT			AMOUN	Γ PAID
City of San Leandro 835 14th Street, San Leandro, CA		FIL								\$900
Abel Guillen for Oakland City Council, FPPC 1365384 5111 Telegraph Ave., #312 Oakland, CA 94609		СТВ								\$250
Asian Community Cultural Association EIN 260542628/State ID 192389 15127 Inverness St., San Leandro, CA 94579		CVC							,	\$1000
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	<u> </u>				SUBTOTAL	-\$		2150
Schedule E Summary										
Itemized payments made this period. (Include all Schedule)	le E subtotale \						¢		2	2150
										130
2. Unitemized payments made this period of under \$100										-0-
3. Total interest paid this period on loans. (Enter amount from										2280
4. Total payments made this period. (Add Lines 1, 2, and 3,	Enter here and on	the Summ	arv Page, Colu	ımn A. Line	6.)		. TOTAL \$			

Executed on -

Date

SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/2016 6/30/2016	Date of election if applicable: (Month, Day, Year) 11/8/2016	JUL <b>2 7</b> 2016 City Clerk's Off	For Official Use Only
		2. Time of Statement:		
1. Type of Recipient Committee: All Committees - Co		2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt	Quarterly Statement Special Odd-Year Report
2 Cammillas Intermetion	.D. NUMBER 1348446	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1340440	NAME OF TREASURER	<del></del>	
Re-elect Benny Lee for City Council 2016 Distri	ict 4	Rose Ng		
, to older being become any		MAILING ADDRESS	-	
		2238 Mariner Way		
STREET ADDRESS (NO P.O. BOX)		CITY	–	ZIP CODE AREA CODE/PHONE
2238 Mariner Way		San Leandro	CA 9	94579 510-306-2238
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
San Leandro CA 9457	70 510-306-2238	same as above		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
same as above				ZIP CODE AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	-
4. Verification I have used all reasonable diligence in preparing and review	ving this statement and to the best of my	knowledge the information contains	ed herein and in the attache	ed schedules is true and complete. I
certify under penalty of perjury under the laws of the State of	of California that the foregoing is true and	i correct.		
Executed on	Ву	Signature of Treasurer of Assista	int Treasurer	
Executed on	BySignature of Box	belling Officeholder, Candidate, State Measure	Proponent or Responsible Officer of	fSponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov -

CITY OF SAN LEANING

OILA CLERKS OFFICE

NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			_
Benny Lee						
FFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDI	CT <u>ION</u>	1 —	SUPPORT OPPOSE
San Leandro City Council District 4						
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	REET) CITY STATE ZIP		Identify the controlling officeholder, ca	andidate, or state	e measure propo	onent, if any.
238 Mariner Way	San Leandro, CA 94579		NAME OF OFFICEHOLDER, CANDIDATE, OF			
						<b>t</b>
Related Committees Not Included in ot included in this statement that are controlle ontributions or make expenditures on behalf o	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. II	FANY
OMMITTEE NAME	I.D. NUMBER			-		
		7.	Primarily Formed Candidate/O	fficeholder C	ommittee <i>Li</i> s	st names of
IAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/O officeholder(s) or candidate(s) for which	fficeholder C this committee is	ommittee Lis primarily formed	st names of d.
	YES NO		Primarily Formed Candidate/O officeholder(s) or candidate(s) for which	this committee is	ommittee Lis primarily formed	a. 
	YES NO		officeholder(s) or candidate(s) for which	this committee is	s primarily forme	a. 
OMMITTEE ADDRESS STREET ADDRESS	YES NO		officeholder(s) or candidate(s) for which	OFFICE SO	s primarily forme	SUPPORT
OMMITTEE ADDRESS STREET ADDRESS	YES NO		officeholder(s) or candidate(s) for which NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	grimarily formed	SUPPORT OPPOSE SUPPORT OPPOSE
OMMITTEE ADDRESS STREET ADDRESS  STATE  COMMITTEE NAME	YES NO S (NO P.O. BOX)  E ZIP CODE AREA CODE/PHONE		Officeholder(s) or candidate(s) for which  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO  OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS STATE COMMITTEE NAME	YES NO S (NO P.O. BOX)  E ZIP CODE AREA CODE/PHONE  I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO  OFFICE SO	UGHT OR HELD  UGHT OR HELD  UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO		NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE  NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO  OFFICE SO	UGHT OR HELD  UGHT OR HELD  UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

#### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement co	vers period 1/2016	CALIFORNIA 460
through6	/30/2016	Page 3 of 13
		I.D. NUMBER
		1348446

Re-elect Benny Lee for City Council District 4 **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 12,651.95 12.651.95 1/1 through 6/30 7/1 to Date -0--0-20. Contributions 12,651.95 12,651.95 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 480 480 21. Expenditures 4. Nonmonetary Contributions...... Schedule C, Line 3 13,131.95 13.131.95 Made 5. TOTAL CONTRIBUTIONS RECEIVED ......Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 3.208.15 **Candidates** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ -0-7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 3,208.15 3,208.15 SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ \_\_\_\_\_ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 480 480 **Current Cash Statement** 32,366.62 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 12,651.95 add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 3,208.15 amounts in Column A may 41,810,42 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17 I OAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents ...... See instructions on reverse \$ \_\_\_\_\_ FPPC Form 460 (Jan/2016) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_ FPPC Advice: advice@fppc.ca.gov (866/275-3772)

-in 47.75

www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period 2016	CALIFORNIA 460		
	INS ON REVERSE			through6/3	0/2016	Page _		
NAME OF FILER Re-elect B	enny Lee for City Council District 4					134844		
DATE RECEIVED		CONTRIBUTOR CODE *	IF.AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
1/7/2016	Clement Holding General 14429 Catalina St., San Leandro CA 94577	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$250				(
3/3/2016	Jason Chan 20 Glenview Drive, SF CA 94131	ZIND COM OTH PTY SCC	AT&T, Director of External Affairs	\$100				_
3/4/2016	Jian (Andy) Li 3561 Sleeping Meadow Way San Ramon CA 94582	☑IND □COM □OTH □PTY □SCC	S/E Best Ware LLC	\$100				_
3/5/2016	Albert & Anna Wang 677 Mission Creek CT., Fremont CA 94539	☑IND □COM □OTH □PTY □SCC	Doctor, Palo Alto Medical	\$100				_
3/5/2016	Hsing Hsien Kung 24036 Oak Knoll Circle Los Altos Hills, CA 94022	☑IND □COM □OTH □PTY □SCC	S/E Venture Capitalist	\$250				( =
			SUBTOTAL	\$ \$800				
Amount re (Include a     Amount re	A Summary eceived this period – itemized monetary contributions Il Schedule A subtotals.)			12,550 101.95	IND CO OTI PT	other) H – Other ( Y – Politica	al ent Committee than PTY or SCC) e.g., business entity)	

3. Total monetary contributions received this period.

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

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

12,651.95

Schedule A (Continuation Sheet)	Amounts may be rounded		SCHEDULE A (CONT
Monetary Contributions Received	to whole dollars.	Statement covers period from1/1/2016	CALIFORNIA 460
		through 6/30/2016	Page 5 of 13
NAME OF FILER  Re-elect Benny Lee for City Council District 4			1.D. NÜMBER 1348446

	·					
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 OE BUSINESS).	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5/2016	Phong La 5980 Newpark PLZ, STE A Newark, CA 94560	☑IND □COM □OTH □PTY □SCC	S/E Attorney	\$150		1
3/17/2016	Ky Vo Truong 1818 Everett St Alameda CA 94501	☑IND □COM □OTH □PTY □SCC	S/E Alameda Auto Body	\$500		
3/17/2016	Michael James Co., Inc. 1211 Embarcadero STE 202 Oakland CA 94606	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$3500		
3/17/2016	Phuc Hong Tran 4715 Dunkirk Ave Oakland CA 94605	☑IND □COM □OTH □PTY □SCC	S/E Phuc H. Tran Insurance Agency	\$1,100 ·		·
3/17/2016	Qi Na Liu/Kent Moo Lau 7588 Hillmont Dr., Oakland CA 94605	☑IND □COM □OTH □PTY □SCC	S/E East T & LLC	\$2000		
			SUBTOTAL	\$ 7250		

\*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

<b>Schedule</b>	Α	(Continuation	n	Sheet)
<b>Monetary</b>	C	ontributions	R	eceived

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement coverage from1/1/2		CALIFO FOR	RM 40	
				through 6/30/2016		Page		_
NAME OF FILER	nny Lee for City Council District 4	-				1.D. NUME 1348446		
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
3/17/2016	Anna Wong 2944 - 68th Ave Oakland CA 94605	☑IND □COM □OTH □PTY □SCC	S/E Saigon Printing	\$1000				(
3/17/2016	Alpha Design & Contruction 926 E 10th St., Oakland CA 94606	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$1000				
3/17/2016	Them N. Tran 2209 Clinton Ave Alameda CA 94501	☑IND □COM □OTH □PTY □SCC	S/E Tran Floors	\$1000				
3/17/2016	Christine Nguyen/Anthony Pham 926 E10th ST., #A Oakland CA 94606	☑IND ☐COM ☐OTH ☐PTY ☐SCC	S/E Littlebird Child Care	\$1000				
4/3/2016	Derrick Gee 5647 Loveland Ave West Bloomfield MI 48322	☑IND □COM □OTH □PTY □SCC	retiree	\$500				
			SUBTOTAL	\$ 4500				

\*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

Schedul	e C		Amounts may be rounded to whole dollars.	_					SCHEDULE
Nonmon	netary Contributions Received		to whole dollars.		St	tatement covers p 1/1/2016		CALIF	ORNIA 460
					from		<u> </u>	FU	KIVI
SEE INSTRUCT	TIONS ON REVERSE				throu	ıgh6/30/20	16	Page	7 of 13
NAME OF FILE								I.D. NUMI	BER
Re-elect E	Benny Lee for City Council District 4			**************************************	·			134844	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IE COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2016	David Duong 1819 10th st., Oakland CA 94607	☑IND □COM □OTH □PTY □SCC	CEO CWS	fundraising dir	ner	\$480			
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	480			
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ıs.		<b>e</b>	480	IND	ntributor Co – Individua M – Recipie	
	all Schedule C subtotals.)received this period – unitemized nonmone					-0-	—   оті	(other t	han PTY or SCC) e.g., business entity)
3. Total nor	nmonetary contributions received this periodes 1 and 2. Enter here and on the Summar	i.				480			Contributor Committee

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTION	ONS ON REVERSE			through		Page-Z	OT
NAME OF FILER						I.D. NUME	BER
Re-elect Be	enny Lee for City Council District 4					134844	6
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 CALENDAI (JAN. 1 D	RYEAR	PER ELECTION TO DATE (if REQUIRED)
2/1/2016	Francis Tsang for DCCC 2016 FPPC 1382040 20 Glenview Drive, SF CA 94131	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	Fundraising .	\$100			
	☑ Support ☐ Oppose						
2/4/2016	Pete Ballow for Council 2016 FPPC 138105 POB 3139 San Leandro CA 94578	Monetary Contribution  Nonmonetary Contribution  Independent	Fundraising	\$250			
	☑ Support ☐ Oppose	Expenditure					
2/23/2016	Bao Nguyen for Congress 2016 FEC C00582338 POB 5062 Anaheim CA 92814	Monetary Contribution  Nonmonetary Contribution  Independent	Fundraising	\$250			
	☑ Support ☐ Oppose	Expenditure					
			SUBTOTAL	\$ 600			
1. Itemized	D Summary contributions and independent expenditures made						<u>-0-</u>
3. Total cont	ributions and independent expenditures made this	s period. (Add Line	es 1 and 2. Do not enter on th	ne Summary Page.	.) TO	TAL \$_	3,100

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

NAME OF FILER

Amounts may be rounded to whole dollars.

Re-elect Benny Lee for City Council District 4						1348446		
DATE -	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT		AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN, 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
4/8/2016	Chris Roth for San Jose City Council Fppc 20589041 POB 59081 San Jose CA 95159  Support  Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraising	\$250				_ (
4/23/2016	Malia Vella for Alameda City council FPPC 1381924 POB 3139 San Leandro CA 94578  ☑ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraising	\$250				_
5/7/2016	Kansen Chu for Assembly 2016 FPPC 1374408 2430 Berryessa Rd., #817 San Jose Ca 95132	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraising	\$500			\$750 P-16	3 (
6/23/2016	John Chiang for Governor 2018 ID 138799 16633 Ventura Blvd., #1008 Encino, CA 91436	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraising	\$1000				=
			SUBTOTAL \$	2000	6		r	

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) Amounts may be rounded to whole dollars. Statement covers period **Summary of Expenditures CALIFORNIA FORM Supporting/Opposing Other** 1/1/2016 from **Candidates, Measures and Committees** 6/30/2016 through I.D. NUMBER NAME OF FILER 1348446 Re-elect Benny Lee for City Council District 4 PER ELECTION CUMULATIVE TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TYPE OF PAYMENT DATE TO DATE CALENDAR YEAR MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN. 1 - DEC. 31) OR COMMITTEE Fiona Ma for State Treasurere FPPC fundraising ✓ Monetary Contribution 6/23/2016 1384474 \$500 1032 Irving St., #908 SF CA j94122 Nonmonetary Contribution ☐ Independent Expenditure Support ☐ Oppose ☐ Monetary Contribution □ Nonmonetary Contribution ☐ Independent Expenditure □ Oppose ☐ Support Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose 

SUBTOTAL \$

Contribution

Nonmonetary
Contribution

Independent
Expenditure

□ Oppose

☐ Support

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

500

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA FORM** 1/1/2016 from 6/30/2016 through I.D. NUMBER

1348446

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-elect Benny Lee for City Council District 4

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

PRT print ads

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations candidate filing/ballot fees FIL FND fundraising events POS postage, delivery and messenger services

independent expenditure supporting/opposing others (explain)\* legal defense

campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries OFC office expenses

TEL t.v. or cable airtime and production costs petition circulating TRC candidate travel, lodging, and meals PHO phone banks staff/spouse travel, lodging, and meals POL polling and survey research

transfer between committees of the same candidate/sponso

voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Francis Tsang for DCCC 2016 FPPC 1382040 20 Glenview Drive, SF CA 94131	, СТВ		\$100
Pete Ballow for Council 2016 FPPC 1380105 POB 3139, San Leandro CA 94578	СТВ		\$250
Bao Nguyen for Congress 2016 FEC C00582338 POB 5062 Anaheim, CA 92814	СТВ		\$250

PRO professional services (legal, accounting)

Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 600

#### Schedule E Summary

3,200 1. Itemized payments made this period. (Include all Schedule E subtotals.) 8.15 2. Unitemized payments made this period of under \$100......\$ -0-3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 3,208.15 

Cabadula E							SC	CHEDULE E (CONT	:)
Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			from	tatement covers	-	CALIFOR FOR		
SEE INSTRUCTIONS ON REVERSE				throu	ıgh 6/30/2	016	Page	of 13	
NAME OF FILER  Re-elect Benny Lee for City Council District 4							I.D. NUMBE 1348446	<b>ER</b>	
CODES: If one of the following codes accurately descended in the compaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)  LEG legal defense  LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circt PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses ulating s survey researc	h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime ai returned contri campaign work t.v. or cable air candidate trave staff/spouse tra transfer between	nd production butions ters' salaries time and product, lodging, and avel, lodging, and committees on	uction costs d meals and meals s of the same	candidate/sponsor	 (
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	*	CODE	DR DE	SCRIPTIO	ON OF PAYMENT			AMOUNT PAID	_
SLED ID#26-3044668 POB 3820 San Leandro CA 94578		СТВ						\$10	)
Chris Roth for San Jose City Council FPPC 20589041 POB 59081 San Jose CA 95159	`	СТВ						\$25	<b>-</b>
Malia Vella for Alameda City Council FMC 1381924 POB 3139 San Leandro CA 94578	k	СТВ						\$25	_ o (
Kansen Chu for Assembly 2016 FPPC 1374408 2430 Berryessa Rd., #817 San Jose CA 95132		СТВ		-				\$50	0

CTB

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

John Chiang for Governor 2018 ID 1385799 16633 Ventura Blvd., #1008 Encino CA 91436

SUBTOTAL \$

2100

\$1000

a minima and an	ي مسيده پر سد م		<b>*</b>	•	
Oak adula E				SCHEDULE E (CONT.	
Schedule E	Amounts may be rounded to whole dollars.	Statement covers period		CALIFORNIA 460	
(Continuation Sheet) Payments Made	to whole dollars.	from	1/1/2016	FORM 40U	
SEE INSTRUCTIONS ON REVERSE		through.	6/30/2016	Page 1813 of 13	
NAME OF FILER		<u> </u>		I.D. NUMBER	
Re-elect Benny Lee for City Council District 4				1348446	
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. Oth	erwise, des	scribe the payment.	· · · · · · · · · · · · · · · · · · ·	
CMP campaign paraphernalia/misc.	MBR member communications		dio airtime and production	n costs	
CNS campaign consultants	MTG meetings and appearances		urned contributions		
CTB contribution (explain nonmonetary)*	OFC office expenses PET petition circulating		mpaign workers' salaries . or cable airtime and pro		
CVC civic donations FIL candidate filing/ballot fees	PHO phone banks		ndidate travel, lodging, a		
FND fundraising events	POL polling and survey research		aff/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF tra	nsfer between committee	es of the same candidate/sponsor	
LEG legal defense	PRO professional services (legal, accounting)		ter registration		
	DDTi_t_ata	1A/ED inf	armation technology cost	le (internet e-mail)	

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PA (IF COMMITTEE, ALSO ENTER I.D. NU	YEE MBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Fiona Ma for State Treasurer FPPC 1384474 1032 Irving Street, #908 SF CA 94122		СТВ		\$500	

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

500

SUBTOTAL \$

Recipient Committee	
Campaign Statement	
Cover Page	

Recipient Committee Campaign Statement Cover Page			CITY OF SAN LEAND	ALIFORNIA 460 FORM
	Statement covers period 7/1/2015	Date of election if applicable: (Month, Day, Year)	JAN <b>2 6</b> 2016 CITY CLERK'S OFFICE	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2015	11/8/2016	GITI OLLIMO	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	☐ Special O	Statement dd-Year Report
	D. NUMBER 1348446	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Re-elect Benny Lee for City Council 2016 District  STREET ADDRESS (NO P.O. BOX)  2238 Mariner Way  CITY STATE ZIP CO  San Leandro CA 94570  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  same as above  CITY STATE ZIP CO	DE AREA CODE/PHONE D 510-306-2238	NAME OF TREASURER Rose Ng MAILING ADDRESS 2238 Mariner Way CITY San Leandro NAME OF ASSISTANT TREASURE MAILING ADDRESS same as above CITY	STATE ZIP CODE CA 94579 R, IF ANY STATE ZIP CODE	AREA CODE/PHONE 510-306-2238  AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	- AKENOODE HOKE	OPTIONAL: FAX / E-MAIL ADDRES bennyLee2016@itmind	ss	
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of    12/31/2015   Date	California that the foregoing is true and  By  By Signature of Contr  By  By  By	Signature of Treasurer or Assistant rolling Officerbride Candidate, State Measure of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Can	Treasurer  oponent or Responsible Officer of Sponsor  State Measure Proponent	les is true and complete. I
Dale	,	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EDDC Form 460 (lan/2016)

Page	2	of	18	

Officeholder or Candidate Controlled Commit	tee	6. Primarily Formed Ballot Measure Com			Committee	•		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Benny Lee OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IE APPLICARIE)		BALLOT NO. OR LETTER	JURISDICTIO	)N	T	SUPPORT	_
San Leandro city council District 4	NOWSELVII / II I IIO/ISIE/						OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	y STATE ZIP		Identify the controlling office	eholder, candi	date, or state	measure pro	ponent, if any.	(
2238 Mariner way, San Lear	idio, CA 94579		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT	-		
Related Committees Not Included in this State not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD	· <del>-</del>		DISTRICT NO	. IF ANY	<del></del>
COMMITTEE NAME	I.D. NUMBER	_				•		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic i) for which this	eholder Co committee is	primarily form	List names of ned.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT	•
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	(
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE	<u> </u>
CITY STATE ZIP CO			Atı	ach continuati	on sheets if r	necessary		

Campaign	<b>Disclosure</b>	Statement
Summary	Page	

Re-elect Benny Lee for City Council 2016 District 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SI	IM	MA	<b>RY</b>	PA	GE

Statem	ent covers period 7/1/2015	california 460
through	12/31/2015	Page3 of/8
·		I.D. NUMBER
		1348446

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       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	\$ -0-\ 25,095 \ -0-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 40,695.15 -0- \$ 40,695.15 -0- \$ 40,695.15	20. Contributions Received \$\$  21. Expenditures Made \$ \$ \$
Expenditures Made  6. Payments Made	\$ 2,695.13 -0- -0-	\$ 4,211.13 -0- \$ 4,211.13 -0- -0- 4,211.13	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	25,095 100 2,695.13	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule Monetary	etary Contributions Received		Statement cover 7/1/2	ers period 2015	CALIFORNIA 460			
WOTELLOTIO	NO ON DELIFERE			through12/3	31/2015	Page	4 of 18	
NAME OF FILER  Re-elect Be	enny Lee for City Council 2016 District 4					I.D. NUMBE		-
DATE RECEIVED	-FULL-NAME, STREET-ADDRESS-AND-ZIP CODE-OF-CONTRIBUTOR- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IE AN INDIVIDUAL ENTER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	<b>-</b>
7/1/2015	Stewart Chen for Alameda city council 2016 POB 3139, San Leadro, CA 94578 FPPC #1349155	IND COM OTH PTY	Chiropractor 分ピ	\$500				- _(
8/1/2015	Wilson & Esther Lee 8 Wykeham Rd, West Newton, MA 02465	☑IND □COM □OTH □PTY □SCC	retirees	\$200				
10/26/2015	Kansen Chu for Assembly 2016, FPPC 1374408 1124 Sabal Ct., San Jose, CA 905132	☑IND □COM □OTH □PTY □SCC	Assemblyman	\$250	\$5	00		
10/30/2015	California Apt. Association PAC 980 Ninth St., #1430, Sacramento, CA 945814 ID#745208	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$1000				
10/30/2015	Vasona Management, Inc. 18 E. Main St., Los Gatos, CA 95030	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$750				_(
			SUBTOTAL	\$ \$2700		2 20 520 320		
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	24,800	IND -	tributor Code - Individual Recipient (other tha		
2. Amount re	Amount received this period – unitemized monetary contributions of less than \$100\$ OTH – Other (e.g., business entity) PTY – Political Party							
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	1.) <b>TOTAL</b> \$	25,095	scc		atributor Committee	,

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

			SCH	EDU	LEA (	CONT.)
Staten	nent covers period	CALIF	ORI	NIA	A	20
n	7/1/2015	FO	CALIFORNIA FORM			JU
onap	12/31/2015	Page	5	of	: 18	?

from\_

through

NAME OF FILER						I.D. NUMBER
Re-elect Be	nny Lee for City Council 2016 District 4		Post on the American desire of territorial desired des		1	348446
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
11/5/2015 440	Suzie Ng 4404 Travis Country Circle H3, Austin, TX 78735	☑IND □COM □OTH □PTY □SCC	Hi-Tech	\$100		
11/6/2015	Eden Realty POB 126, San Lorenzo, CA 94589	☐IND ☐COM ZOTH ☐PTY ☐SCC		\$1000	\$200	0
11/12/2015	John & Marty Sullivan 17760 Sweetbriar Place Castro VAlley, CA 94546	☑IND □COM □OTH □PTY □SCC	Property Management	\$750		
11/17/2015	Sara Ubelhart 963 Lee Ave., San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	S/E Zocalo coffee house	\$2000		
11/17/2015	Steven & Phyllis Gee 2361 Marinview Dr., San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	Retirees	\$250	\$35	50

SUBTOTAL\$

4100

\*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

	A (Continuation Sheet) Contributions Received	Amounts may be rounded to whole dollars.  Statement covers period from7/1/2015		7/1/2015			SCHEDULE A (CONT. FORNIA 460 DRM	.)
				through12/3	1/2015	Page_		
NAME OF FILER	enny Lee for City Council 2016 District 4	-				1.D. NU 13484		
Ke-elect be	ally Lee to Gity Council 2010 District 4			+		1		<del>_</del>
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)	
11/18/2015	Christopher Townsend 26022 Horseshoe Circle Laguna Hill, CA 92653	☑IND □COM □OTH □PTY □SCC	Consultant	\$250				<u>C</u>
11/18/2015	Collin Wong 957 Lunalilo Home Rd., Honolulu, HI 96825	☑IND □COM □OTH □PTY □SCC	resource manager	\$250				_
11/18/2015	Henry Lai 1350 Belding St., San Leandro, CA 94579	☑IND □COM □OTH □PTY □SCC	Bio-Tech	\$100				
11/18/2015	Cal Coast Companies, LLC 11726 San Vicente Blvd., #235 Los Angeles, CA 90049	□IND □COM ☑OTH □PTY □SCC		\$5000				
11/18/2015	CC Yin 185 Butcher Road Vacaville, CA 95687	☑IND □COM □OTH □PTY □SCC	S/E McDonald	\$500	\$10	000		C

SUBTOTAL \$

6100

\*Contributor Codes

IND – Individual
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(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

<b>Schedule A (Continuation Sheet)</b>
<b>Monetary Contributions Received</b>

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

FORM

Statement covers period

7/1/2015

				from	2015	FORM	
				through12/3	1/2015	Page (	of/8
NAME OF FILER		<del>.</del>			_	I.D. NUMBER	,_
Re-elect Ber	nny Lee for City Council 2016 District 4				1	348446	
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR T	ELECTION D DATE EQUIRED)
11/18/2015	Gerald Garcia 15200 Hesperian Blvd., #102 San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	Insurance Agent	\$250			(
11/18/2015	Carl Chan 37 Hays St., Alameda CA 94502	☑IND □COM □OTH □PTY □SCC	Realtor 4/8 Clipsemont Realty	\$1000	\$200	00	
11/18/2015	Superb Home Ideas Inc. 1177 Beecher St., San Leandro CA 94577	□IND □COM ☑OTH □PTY □SCC	,	\$1000	\$150	00	
11/18/2015	Toisha Benevolent Association Inc. 378 7th St., Oakland, CA 94607	□IND □COM ☑OTH □PTY □SCC		\$300			
11/18/2015	Taylor Chow 1333 Webster St., #A301 Alameda, CA 94501	☑IND □COM □OTH □PTY □SCC		\$250	\$75	50	
	-		SUBTOTAL	\$ 2800	. A 10 20 20 20 70 CM 74 0		

\*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					CALIFORNIA FORM    1/2015   Page   8 of   1/2015		ORM 400  8 of /8
NAME OF FILER	Las for City Coursell 2016 District 4					1.D. NU 13484	
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	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
11/18/2015	Zhi Zhong Sun & Libao Feng 2 Whimbrel Ct., Alameda CA 94501	☑IND □COM □OTH □PTY □SCC	CEO-E Poly Star Inc.	\$250	(out.)	,	
11/18/2015	David Lee Anderson, Sr. 1271 Vistagrand Dr., San Leandro CA 94577	☑IND □COM □OTH □PTY □SCC	retiree	\$200	\$4	100	
11/18/2015	Cimberly Tamura POB 3759, San Leandro, CA 94578	☑IND □COM □OTH □PTY □SCC	retiree	\$150			
11/18/2015	Wilma Chan for Senate 2016 1520 Central Ave., Alameda, CA 94501	☑IND □COM □OTH □PTY □SCC	County supervisor	\$100			
11/18/2015	Arlene Lum 15127 Inverness St., San Leandro CA 94579	☑IND □COM □OTH □PTY □SCC	retiree	\$100			

SUBTOTAL \$

800

\*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 to whole dollars.		ers period 2015 1/2015	SCHEDULE A (CONTROL CALIFORNIA FORM FORM Page 9 of 1	
NAME OF FILER Re-elect Be	nny Lee for City Council 2016 District 4					1.D. NU	
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)
11/18/2015	Peter Ballew 14179 Seagate Dr., San Leandro, CA 94577	☑IND □COM □OTH □PTY □SCC	retiree	\$100			•
11;18;2015	Michael W. Lai 2000 Los Angeles Ave., Berkeley CA 94707	☑IND □COM □OTH □PTY □SCC	Financial Service ICBC	\$100	\$2	200	

Chabot-Las Positas

Community College Board Trustee

S/E Skywest restaurant

Alameda Councilman

**SUBTOTAL**\$

\$100

\$100

\$100

500

**Z** IND

□сом

□oth ☐ PTY □scc ☑ IND ☐ COM

OTH □scc **☑** IND

СОМ

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\*Contributor Codes IND - Individual COM – Recipient Committee (other than PTY or SCC)

11/18/2015

11/18/2015

11/18/2015

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

Hal & Rose Gin

James Oddie

Francis & Marita Cheng

1940 Franciscan Way # 316

Alameda, CA 94501

16019 Channel St., San Lorenzo CA 94580

2365 East Ave., Hayward CA 94541

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

\$200

\$200

Schedule A (Continuation Sheet)	Amounts may be rounded			SCHE	EDULEA (CONT
Monetary Contributions Received	to whole dollars.	Statement cover	•	california 460	
		through12/3	1/2015	Page 10	_ of <i>/&amp;</i>
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER	
Re-elect Benny Lee for City Council 2016 District 4				1348446	
	IF AN INDIVIDUAL, ENTI	ER AMOUNT	CUMULATIVE T	O DATE P	ER 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)
11/18/2015	Our Vote Our Voices 2816 Wateron St., Alameda CA 94501 Lena Tam	☑IND □COM □OTH □PTY □SCC	EBMUD Engineer	\$100	\$200	
11/18/2015	Marvin Matey 7634 Corrinne Pl., San Ramon CA 94583	☑IND □COM □OTH □PTY □SCC	Financial Services	\$100		
11/20/2015	Stephen Sham for city council 2016 (Alhambra) 126 E Valley B Blvd., Alhambra CA 91801 FPPC #1277255	☑IND □COM □OTH □PTY □SCC	Alhambra Councilmember	\$250		
11/21/2015	Pacific Liu Restaurant LLC 90 Estates Dr., Orinda, CA 94563	□IND □COM ☑OTH □PTY □SCC		\$1000	\$1250	
11/23/2015	Foodnet Supermarket 1960 Lewelling Blvd., San Leandro CA 94579	□IND □COM ☑OTH □PTY □SCC		\$1000	\$1500	
			SUBTOTAL	\$ \$2450		

\*Contributor Codes

IND – Individual
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(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						CALIFORNIA 460  FORM  Page 11 of //	
				through 12/3	1/2015	· -3	
NAME OF FILER						I.D. NUMB	
Re-elect Be	nny Lee for City Council 2016 District 4			1		1348446	· · · · · · · · · · · · · · · · · · ·
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 _OE BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/23/2015	Carl Basuino 239 Santa Susanna, San Leandro, CA 94579	☑IND □COM □OTH □PTY □SCC	retiree	\$100	\$20	00	
11/28/2015	Kansen Chu for Assembly 2016 FPPC 1374408 1124 Sabal Ct., San Jose, CA 95132	☑IND □COM □OTH □PTY □SCC	Assemblymemer	\$250			÷
12/5/2015	Chio U Aut-Cai 325 Olmstead St., SF CA 94134	☑IND □COM □OTH □PTY □SCC	Restaurant Managment TiT BBQ	\$500			
12/5/2015	Kenneth & Janet Siu 529 Magellan Ave., SF CA 94116	☑IND ☐COM ☐OTH ☐PTY ☐SCC	S/E Fresh Meat Market	\$500			
12/5/2015	Jien Yung Xiao 215 Julius St., San Leandro CA 94577	☑IND □COM □OTH □PTY □SCC	Contractor	\$200			
			SUBTOTAL	<b>\$</b> 1550			

\*Contributor Codes

IND – Individual
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(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		be rounded dollars.	Statement covers period 7/1/2015 through 12/31/2015		CALIFORNIA FORM Page 12 of /	
NAME OF FILER  Re-elect Be	enny Lee for City Council 2016 District 4					1.D. NU	I
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/5/2015	Chio U Aut-Cai for Karman Liao 490 Post St., #238, SF Ca 94102	☑IND □COM □OTH □PTY □SCC	Realtor	\$200			
12/5/2015	Amy & Warren Fong 899 The Alameda, Berkeley CA 94707	☑IND □COM □OTH □PTY □SCC	Homemaker	\$100	\$2	00	
12/10/2015	SLTC, LLC 520 S El Camino Real, #900 San Mateo, CA 94402	□IND □COM ☑OTH □PTY □SCC		\$1000	\$20	00	
12/12/2015	Sino-USA Entrepreneur Associaton Inc. 1730 S Amphlett Blvd., #105 San Mateo, CA 94402	□IND □COM ☑OTH □PTY □SCC		\$500			
12/16/2015	Bay Area Citizens PAC, FPPC #1346828 6363 Christie Ave., #2616 Emeryville, CA 94608	□IND □COM ☑OTH □PTY □SCC		\$500			

SUBTOTAL \$

\$2300

\*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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Schedule	ΑĮC	OHI	muanc	111	SHEE	;LJ
<b>Monetary</b>	Cor	ntrib	utions	Re	eceiv	ec/

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole (	dollars.	110111	ers period 2015 31/2015	CALIF FO	ORNIA 460  13 of 18	
NAME OF FILER				The state of the s		I.D. NUMBER 1348446		ļ.
Re-elect Be	nny Lee for City Council 2016 District 4					134844	0	ļ
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)	
12/16/2015	Quadric Group Inc. POB 8400 Emeryville, CA 94662	□IND □COM ☑OTH □PTY □SCC		\$500			<b></b>	(
12/23/2015	2950 Merced St., #109 San Leandro, CA 94577	☐IND ☐COM ☑OTH ☐PTY ☐SCC	-	\$500				_
12/24/2015	Guofu Chen 369 Merimont Cir., San Bruno CA 94066	☑IND □COM □OTH □PTY □SCC	Realtor	\$500				_
		□IND □COM □OTH □PTY □SCC						<del></del>
		□IND □COM □OTH □PTY □SCC						_(

SUBTOTAL \$

1500

\*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

Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE				from 7/1/202 through 12/31/2	2015 Page	LIFORNIA 460 FORM 14 of 18 NUMBER
AME OF FILER Re-elect Be	enny Lee for City Council 2016 District 4	T		esta juni juni juni juni juni juni juni juni	<del></del>	8446
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	R TO DATE
10/2/2015	Bryan Azevedo for city council 2016	Monetary Contribution Nonmonetary Contribution Independent Expenditure	campaign kick off	\$250		
10/6/2015	✓ Support ☐ Oppose  Democratic Unity Dinner FEC#C00375279  ✓ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Dinner	\$200		
10/20/2015	Fiona Ma for state board of equalization  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	fundraiser	\$250		
			SUBTOTA	AL \$ 700		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Expenditures Opposing Other				CALIFO FOR Page	15 of /8
NAME OF FILER  Re-elect Be	enny Lee for City Council 2016 District 4					I.D. NUME 134844	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT		AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DEC	TO DATE YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/25/2015	Kansen Chu for Assembly 2016  ☑ Support ☐ Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraiser	\$250			
11/13/2015	Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	fundraiser	\$500			
12/2/2015	Jim Oddie for city council 2018	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	fundraiser	\$250			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-elect Benny Lee for City Council 2016 District 4	Amounts may b			Statemer from through	12/31/2015	CALIFO FOR Page	16 of /8	
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 filing/ballot fees  FND fundraising events  IND LEG legal defense  LIT campaign literature and mailings	ou may enter the munications I appearances es ating curvey research very and messenge services (legal, according to the control of the contro	services	RAD radio ai RFD returner SAL campai TEL t.v. or c TRC candida TRS staff/sp TSF transfer VOT voter re	rtime and production d contributions gn workers' salaries able airtime and prod te travel, lodging, an ouse travel, lodging, between committee	luction costs d meals and meals s of the same	e candidate/sponsor		
- NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Bryan Azevedo for City Council 2016 FPPC#1378359 POB 3139 San Leandro CA 94578	-	CODE OR	DESC	CRIPTION OF PAY	MENT		AMOUNT PAID	
Democratic Unity Dinner FEC#C00375279		СТВ					\$200	
Fiona Ma for State of Equalization FPPC#1373945 39962 Cedar Blvd., #264 Newark Ca 94560		СТВ					\$250	(
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SL	JBTOTAL \$	700	
Schedule E Summary								
<ol> <li>Itemized payments made this period. (Include all Schedule</li> <li>Unitemized payments made this period of under \$100</li> </ol>							2525.74 169.39	
<ol> <li>Total interest paid this period on loans. (Enter amount from</li> <li>Total payments made this period. (Add Lines 1, 2, and 3. E</li> </ol>	n Schedule B, Par	t 1, Column (e).	) <u></u>			\$	-0- 2695.13	

Schedule E (Continuation Sheet)	Amounts may be		***************************************	Sta	tement covers period	CALIFO	
Payments Made				from _	7/1/2015	FORI	M -100
				throug	h12/31/2015	Page1	7 of <u>/8</u>
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER	•					I.D. NUMBE	
Re-elect Benny Lee for City Council 2016 District 4						1348446	
CODES: If one of the following codes accurately describe	es the payment, yo	ou may ent	er the code. Ot	nerwise, d	escribe the payme	ent.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* 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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	d appearances les lating urvey research very and mess	n senger services	RFD SAL SAL TEL TRC TRS STAF TO TAKE TAKE TO TAKE TAKE TAKE TAKE TAKE TAKE TAKE TAKE	radio airtime and produ- returned contributions campaign workers' salative or cable airtime and candidate travel, lodginatifispouse travel, lodginatifispouse travel, lodginatifispouse travel, lodginatifispouse travel, lodginatifispouse travel, lodginatifispouse travel, lodgination contraction information technology	aries I production costs g, and meals ging, and meals nittees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR I	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Kansen Chu for Assembly 2016 FPPC 1374408 2430 Berryessa Rd., #817 San Jose CA 95132		СТВ					\$250
City of San Leandro, Recreation & Human Services 13909 E 14th St., San Leandro CA 94578		FND					\$320
KS Delight dba Foodnet Market 1960 Lewelling Blvd., San Leandro CA 94579		FND					\$505.74
Rob Bonta for Assembly 2016 FPPC #1373426 1005 12th ste H, Sacramento CA 95814		СТВ					\$500
Jim Oddie for city council 2018 FPPC 1367465 POB 1353 Alameda CA 94501		СТВ					\$250
* Payments that are contributions or independent expenditures must also be	ha ayyana inad ay Caba	dula D				SUBTOTAL \$	1825.74

Schedule I Miscellane	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers  from	15	CALIFORNIA 460 FORM Page 18 of 18
SEE INSTRUCTION	IS ON REVERSE		through		Page of
	ny Lee for City Council 2016 District 4				348446
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
12/14/2015	City of San Leandro, Recreation & human services 13909 E 14th st., San Leandro CA 94578		mnuithy Center ent rental deposit		\$100
					(
Attach addi	tional information on appropriately labeled continuation shee	ets.		SUBTOTAL \$	
Schedule I	-		•	100	
	creases to cash this period.				
	I increases to cash of under \$100 this period interest received this period on loans made to others.			-0-	
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2) Page, Line 14.)	2, and 3. Enter here and on the		100	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	CITY OF SAN LEAND	ALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/2015 from 6/30/2015	Date of election if applicable: (Month, Day, Year)  11/8/2016	JUL 14 2015 CITY CLERK'S OFFICE	For Official Use Only
State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4.  rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (so Complete Part 6)  rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Special O Suppleme ermination) Statement	Statement odd-Year Report ental Preelection t - Attach Form 495
	DE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  ROSE Ng  MAILING ADDRESS  2238 Mariner Way  CITY  San Leandro  NAME OF ASSISTANT TREASUR  N/A	STATE ZIP CODE CA 94579 RER, IF ANY	area code/phone (510) 306-2238
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BE SAME AS ABOVE  CITY STATE ZIP CO  OPTIONAL'S FAX / E-MAIL ADDRESS  bennylee2016@itmindset.com	ox ox	MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS		AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on 6/30/2015  Date  Executed on Date  Executed on Date  Executed on Date	a that the foregoing is true and correct.  By	Signature of Controlling Officeholder, Candidate, Candidate, Candidate, Candidate, Candidate, Ca	Tregsurer)  oponent or Responsible Officer of Sponsor  State Measure Proponent	s true and complete. I certify  FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Officeholder or Candidate Controlled Com							
NAME OF OFFICEHOLDER OR CANDIDATE		NAN	ME OF BALLOT MEASURE				
Benny Lee		<del></del>		Lunanian		1	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)	BAL	LOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council District 4							
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			Markalalan a			
2238 Mariner Way San L	eandro Ca 94579		ntify the controlling of			tate measure	proponent, it any
		NAI	ME OF OFFICEHOLDER, CA	INDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this S	tatement: List any committees						
not included in this statement that are controlled by you		OF	FICE SOUGHT OR HELD			DISTRICT NO.	. IF ANY
contributions or make expenditures on behalf of your c	andidacy.						
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?		imarily Formed Car				
NAME OF TREASURER	CONTROLLED COMMITTEE?		imarily Formed Cai		is committee i	s primarily for	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	offi		(s) for which th	is committee i		med.  □ SUPPORT
	☐ YES ☐ NO	offi	iceholder(s) or candidate	(s) for which th	is committee i	s primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	offi NAM	iceholder(s) or candidate	(s) for which the	OFFICE SOL	s primarily for	support Oppose
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	offi NAM	iceholder(s) or candidate	(s) for which the	OFFICE SOL	s primarily for	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	☐ YES ☐ NO	NAI NAI	iceholder(s) or candidate ME OF OFFICEHOLDER OR ME OF OFFICEHOLDER OR	(s) for which the CANDIDATE  CANDIDATE	OFFICE SOL	s <i>primarily for</i> JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP	P CODE AREA CODE/PHONE	NAI NAI	iceholder(s) or candidate	(s) for which the CANDIDATE  CANDIDATE	OFFICE SOL	s primarily for	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME	P CODE AREA CODE/PHONE	NAI NAI	iceholder(s) or candidate ME OF OFFICEHOLDER OR ME OF OFFICEHOLDER OR	(s) for which the CANDIDATE  CANDIDATE	OFFICE SOL	s <i>primarily for</i> JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP	P CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAN NAN NAN	iceholder(s) or candidate ME OF OFFICEHOLDER OR ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	s <i>primarily for</i> JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER	YES   NO   BOX)   CODE   AREA CODE/PHONE   I.D. NUMBER     CONTROLLED COMMITTEE?   YES   NO	NAN NAN NAN	ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	S primarily for	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME	YES   NO   BOX)   CODE   AREA CODE/PHONE   I.D. NUMBER     CONTROLLED COMMITTEE?   YES   NO	NAN NAN NAN	ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	S primarily for	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.  CITY STATE ZIP  COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES   NO   BOX)   CODE   AREA CODE/PHONE   I.D. NUMBER     CONTROLLED COMMITTEE?   YES   NO	NAN NAN NAN	ME OF OFFICEHOLDER OR  ME OF OFFICEHOLDER OR  ME OF OFFICEHOLDER OR	CANDIDATE  CANDIDATE  CANDIDATE  CANDIDATE	OFFICE SOL	JGHT OR HELD JGHT OR HELD JGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page	Type or print in Ink.			SUMMARY PAGE	
Summary Page	to whole dollars.	state	ment covers period : 1/1/2015	FORM 460	
see Instructions on reverse  NAME OF FILER  Re-elect-Benny-Lee-for City-Council 2016 District 4		through	6/30/2015	Page 3 of 1 Σ  I.D. NUMBER  1348446	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B  CALENDAR YEAR TOTAL TODATE  15,600.15	Calendar Year Sumr Running in Both the General Elections	mary for Candidates State Primary and	
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	\$ \frac{-8000}{7600.15}	\$ -8000 \$ 7600.15 -0- \$ 7600.15	20. Contributions Received \$	rough 6/30 7/1 to Date \$\$	С
Expenditures Made  6. Payments Made	\$ 1516 -0- \$ 1516 -0- -0-	\$ 1516 -0- \$ 1516 -0- -0- \$ 1516		Expenditures Made* Voluntary Expenditure Limit)  Total to Date	_
Current Cash Statement  12. Beginning Cash Balance	7600.15 -0- 1516 \$ 9866.75	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, only carry over the amounts	*Amounts in this section mareported in Column B.	ay be different from amounts	C
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	\$ \$	from Lines 2, 7, and 9 (if any).	FPPC Toll-Free Helplind	FPPC Form 460 (January/0 e: 866/ASK-FPPC (866/275-377	

Schedule.	A	
Monetary	Contributions I	Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			is may be rounded whole dollars.	Statement covers period 1/1/2015 6/30/2015		california 460 FORM	
SEE INSTRUCTIO	NS ON REVERSE			through	30/2013	Page	4of <u>」と</u>
NAME OF FILER							JMBER
Re-elect B	enny Lee for City Council 2016 District 4					1348	140
DATE RECEIVED	-FULL-NAME,-STREET-ADDRESS-AND-ZIP-CODE-OF-CONTRIBUTOR- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR-	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)
5/27/2015	Taylor Chow 1333 Webster st., #A301 Alameda CA 94501	☑IND □COM □OTH □PTY □SCC	Manager American Tai Wah Trading	\$500			(
5/27/2015	Vinny MaNguyen 15 Crest Rd., Piedmont CA 94611	☑IND □COM □OTH □PTY □SCC	Realtor Micheal James Co.	\$500			
5/27/2015	Clement Holdings General 14429 Catalina St., San Leandro CA 94577	□IND □COM ☑OTH □PTY □SCC		\$500			
5/27/2015	Superb Home Ideas Inc. 1177 Beecher St., San Leandro CA 94577	□IND □COM ☑OTH □PTY □SCC		\$500			
5/27/2015	Carl Chan 37 Hays CT, Alameda CA 94502	☑IND □COM □OTH □PTY □SCC	Realtor Claremont Realty	\$1000			
			SUBTOTAL	\$ \$3000			
Schedule /	A Summary				*Co	ntributor (	Codes
1. Amount red	ceived this period – itemized monetary contributions. Schedule A subtotals.)		\$ <u></u>	15,150			ient Committee r than PTY or SCC)
2. Amount red	ceived this period – unitemized monetary contributions	s of less than S	\$100\$	450.15			(e.g., business entity)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	)TOTAL \$_	15,600.15		- Small (	Contributor Committee

Schedule	A	(Continuatio	n Sheet	)
Monetary	Cc	ntributions	Receive	d

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period 1/1/2015

				110111		
				through 6/3	0/2015 Pa	ge 5 of 12
AME OF FILER					1.D	. NUMBER
Re-elect Be	enny Lee for City Council 2016 District 4				13	48446
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 OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE
5/27/2015	Eden Realty POB 126 San Lorenzo CA 94580	□IND □COM ☑OTH □PTY □SCC		\$1000		
5/27/2015	David Anderson Sr. 1271 Vistagrand Dr., San Leandro CA 94577	☑IND □COM □OTH □PTY □SCC	Retiree	\$200		
5/27/2015	Chung Shan Family Association 377B 8th St., Oakland CA 94607	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$300		
5/27/2015	HT Asset Holding Inc 1290 24th Ave., San Francisco CA 94122	□IND □COM ☑OTH □PTY □SCC		\$250		
5/27/2015	HBM Construction, Inc 4817 Kathleen Ave., Castro Valley CA 94546	□IND □COM ☑OTH □PTY □SCC		\$250		
			SUBTOTAL	\$ \$2000		

\*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

<b>Schedule</b>	A (Continuation	on Sheet)
	Contributions	

Type or print in ink.

Amounts may be rounded

SUNI		W (CC	INT-1
LIEORN	JIΔ		

CA

Statement covers period

-	to whole dollars.		ioliars.	from1/1/2	2015	115 FORM 40U		
				through6/30	0/2015		6 of 12	
AME OF FILER						I.D. NU		
Re-elect Be	nny Lee for City Council 2016 District 4					1348	446	
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)	AMOUNI RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
5/27/2015	Martin Wong 15122 Flying Mist Rd., San Leandro CA 94579	☑IND □COM □OTH □PTY □SCC	Financial Services East West Bank	\$250				
5/27/2015	Marina Village Restaurant 1051 Pacific Marina, Alameda CA 94501	□IND □COM ØOTH □PTY □SCC		\$250				
5/27/2015	Joseph & Marlene Lamnin 2294 Estabrook Cir., San Leandro CA 94577	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retirees	\$250				
5/27/2015	Johan Klehs & Co., Inc 1415 L Street, Suite 620 Sacramento CA 95814	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$250				
5/27/2015	CC Yin 185 Butcher Rd., Vacaville CA 95687	☑IND □COM □OTH □PTY □SCC	S/E McDonald	\$500				
			SUBTOTAL	<b>\$</b> \$1500				

\*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

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from1/1/2	2015	FORM	TOU
				through 6/30/2015		Page7 of 1 2	
AME OF FILER Re-elect Be	enny Lee for City Council 2016 District 4	and the second s				1.D. NUMBER 1348446	***
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 ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO E CALENDAR YEA (JAN. 1 - DEC. 3	AR 1	ELECTION TO DATE REQUIRED)
5/27/2015	FoodNet SuperMarket Inc 1960 Lewelling Bl vd., San Leandro CA 94579	☐IND ☐COM ØOTH ☐PTY ☐SCC		\$500			
5/27/2015	AIXTEK 890 Cowan Rd., STE C, Burlingame CA 94010	□IND □COM ☑OTH □PTY □SCC		\$500			
5/27/2015	Carl Basuino 239 Santa Susanna, San Leandro CA 94579	☑IND □COM □OTH □PTY □SCC	Retiree	\$100			
5/27/2015	Our Vote Our Voices 2816 Waterton Street, Alameda CA 94501 Lena Tam	□IND □COM ☑OTH □PTY □SCC		\$100			
5/27/2015	Michael Lai 2000 Los Angeles CA 94707	☑IND □COM □OTH □PTY □SCC	EVP ICBC Bank	\$100			
			SUBTOTAL	\$ \$1300			

\*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	on Sheet)
		ntributions	

\_ Type or print in ink.
Amounts may be rounded

SCHEDULE A	(CONT.)
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onetary Contrigutions Received		to whole o	iollars.	from1/1/2	1/2015 CALIFORNIA FORM		
IAME OF FILER			through 6/3		<u> </u>	ige 8 of 17	
	enny Lee for City Council 2016 District 4					348446	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEIF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE	
5/27/2015	Marita Cheng 2365 East Ave., Hayard CA 94541	☑IND □COM □OTH □PTY □SCC	S/E Skywest restaurant	\$100			
5/27/2015	Amy Fong 899 The Alameda, Berkeley CA 94707	ZIND COM OTH PTY SCC	Homemaker	\$100			
5/27/2015	Hal & Rose Gin 16019 Channel St., San Lorenzo CA 94580	☑IND □COM □OTH □PTY □SCC	Educator	\$100			
6/1/2015	Martin Tracey 2134 44th Ave., SW Seattle WA 98116-2102	ZIND COM OTH PTY SCC	VP Starbuck	\$250			
6/1/2015	CJ Distribution (San Leandro) Inc. 105 Jackson Street, Oakland CA 94607	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$500			
			SUBTOTAL	\$ 1050			

\*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 Monetary	A (Continuation Sheet)Contributions Received	Amounts may	be rounded	Statement cov	ers period		SCHEDULEA (CONT
			to whole dollars.				ORNIA 460
				through6/3	0/2015	Page _	9 of 12
IAME OF FILER	London City Committee 19912 Dictrict 4			<u></u>		I.D. NUN 13484	
Re-elect be	enny Lee for City Council 2016 District 4		<u> </u>		1	<del></del>	
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 OEBUSNESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVET CALENDAR ' (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
6/3/2015	Steven Gee & Phyllis shuck 2361 Marineview Dr., SL CA 94577	IND COM OTH PTY SCC	Retirees	\$100			
6/18/2015	Westlake Urban, LLC 520 S El Camino Real, Suite 900, San Mateo CA 94402-1722	☐IND ☐COM ☑OTH ☐PTY ☐SCC		\$1000			
6/22/2015	U.S. Freight Systems, Inc. 1819 10th Street, Oakland CA 94607	□IND □COM ☑OTH □PTY □SCC		\$5000			
6/22/2015	Ming Hua Zhu & Min Hua Liao 713 Ramona Ave., Albany, CA 94706	☑IND □COM □OTH □PTY □SCC	S/E Chef Ming	\$200			
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	s 6300		<del> </del>	

\*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

								DULE B-PART 1	
Schedule B = Part 1 Loans Received =	Ama	Type or print in bunts may be ro to whole dollar	ounded 's.		Statement covers period CALIFORN from 1/1/2015 - FORM			<sup>460</sup>	
SEE INSTRUCTIONS ON REVERSE .		through 6/30/2015				Page 10 of 12			
NAME OF FILER							I.D. NUMBER		
Re-elect-Benny-Lee for City-Council 2016	6-District-4	F. K.					1348446		
FULL NAME, STREET ADDRESS AND ZIP GODE 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 PAIL OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Benny Lee 2238 Mariner Way San Leandro, CA 94579	Self	5000		\$ 5000	<u>s</u>	% RATE	s 5000 9/28/12	\$PER ELECTION**	C
<sup>†</sup> ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATEDUE	\$	DATE INCURRED	\$	
Benny Lee 2238 Mariner Way San Leandro, CA 94579	Self			PAID  \$ 3000 □ FORGIVEN	5	% RATE	\$3000	\$ PER ELECTION **	
<sup>†</sup> ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATEDUE	\$	9/11/12 DATE INCURRED	\$	
				\$ FORGIVEN	\$	RATE	s	CALENDAR YEAR  \$  PER ELECTION**	
$^{\dagger}\Box$ IND $\Box$ COM $\Box$ OTH $\Box$ PTY $\Box$ SCC		*	*	*	DATEDUE	-	DATE INCURRED		
		SUBTOTALS S	0	\$ 800	0 \$ 0	<u> </u>			
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			_
Loans received this period  (Total Column (b) plus unitemized loans			***************************************	\$	0		Contributor Codes	;	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	dule A.)			8000	O P	TH – Other (e.g., TY – Political Parl	PTY or SCC) business entity) y		
Nef change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			. NET \$		<u></u>	CC – Small Contri	butor Committee	j —

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

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in Amounts may be to whole dolls	rounded	Statement covers period CALIFO from 1/1/2015 FOR 6/30/2015			RM 400	
E INSTRUCTIO	ONS ON REVERSE			through		Page 11 of 12		-
	enny Lee for City Council 2016 District 4			the state of the s		1348446		
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 T CALENDAR \ (JAN.1-DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
3/8/2015	Wilma Chan for Senate 2016  ☑ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		\$500				<u> </u>
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						_
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						_C
			SUBTOTAL	<b>- \$</b> \$500				
	D Summary contributions and independent expenditures made	this period (Includes	ull Schadula D subtotals \			\$	500	
	contributions and independent expenditures made						-0-	
	id contributions and independent expenditures made thi						500	

Schedule E	Type or prin	it in ink.		Statem	ent-covers-period-		SCHEDULEE
Payments Made —	Amounts may to whole d	be rounded lollars	An arrangement of the second s		1/1/2015		ORNIA 460
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Re-elect Benny Lee for City Council 2016 District 4				from	6/30/2015	Page	12 of 12
CODES: If one of the following codes accurately describe			er the code. Other				
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member com MTG meetings an	nmunications d appearance	es		airtime and production on a contributions	costs	
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office exper	ises	•••	SAL cam	paign workers' salaries		
FIL candidate filing/ballot fees	PET petition circu PHO phone banks				r cable airtime and produ lidate travel, lodging, and		is –
FND fundraising events	POL polling and s			TRS staff	spouse travel, lodging, a	and meals	
ND independent expenditure supporting/opposing others (explain)* LEG legal defense			ssenger services al, accounting)		afer between committees r registration	of the sa	me candidate/sponsor
LIT campaign literature and mailings	PRT print ads	outrious (rug	ar, accounting,		mation technology costs	(internet,	e-mail)
NAME AND ADDRESS OF DAYER			<u> </u>				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF P	AYMENT		AMOUNT PAID
San Leandro Education Foundation (SLED) 501(c)(3) ID:26 POB 3820 San Leandro, CA 94578	6-3044668	cvc					\$100
Buffet Fortuna 1330 Washington Ave., San Leandro, CA 94577		FND					\$916
Wilma Chan for Senate 2016 ID# 1374562 P.O. Box 1293, Alameda, CA 94501		СТВ	Fundraising Ever	nt			\$500
* Payments that are contributions or independent expenditures	must also be summ	arized on S	chedule D.		SUE	STOTAL S	1516
Schedule E Summary							
Itemized payments made this period. (Include all Schedule)	e E subtotals.)			•••••		\$	1516
2. Unitemized payments made this period of under \$100			•••••	***************************************		\$	-0-
-3. Total interest paid this period on loans. (Enter amount from	-Schedule B. Part	1, Golumn-(	(ė).)	******************		<sup>'</sup> \$	-0-
4. Total payments made this period. (Add Lines 1, 2, and 3.			• • •				1516