Candidate Intention Statement

Date Stamp

CALIFORNIA FORM **501**

For Official Use Only

CITY CLERK'S OFFICE

2020 JUL 24 P 12:59

CITY OF LOS ALTOS CA

Check One: ☑ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Lee Eng, Lynette, Doong Tsin	(650) 619-0884	( )	LynetteLeeEng@gmail.com

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	Los Altos	CA	94024

OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN OFFICE
Councilmember	City of Los Altos		PARTY PREFERENCE: (Check one box, if applicable.) ☑ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☑ City ☐ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction)

2020 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ **I accept** the voluntary expenditure ceiling for the election stated above.

☐ **I do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 24, 2020 (month, day, year) Signature [redacted]

R43 1426242

Statement of Organization
Recipient Committee

Statement Type

☑ Initial	☐ Amendment	☐ Termination – See Part 5
● Not yet qualified or ○ Date qualification threshold met __/__/__	Date qualification threshold met __/__/__	Date of termination __/__/__

Date Stamp
RECEIVED AND FILED
In the Office of the Secretary of State of the State of California
APR 13 2020

CALIFORNIA FORM **410**

For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Re-elect Lynette Lee Eng 4 Los Altos City Council 2020

STREET ADDRESS (NO P.O. BOX)
3428 Janice Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palo Alto	CA	94303	650 494-6769

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
gregschmid@sbcglobal.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Clara	Los Altos CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gregory Schmid

STREET ADDRESS (NO P.O. BOX)
3428 Janice Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Palo Alto	CA	94303	650 494-6769

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Lynette Lee Eng

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Altos	CA	94024	650 619-0884

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 April 9, 2020 (DATE) By [redacted] SURER OR ASSISTANT TREASURER

Executed on April 9, 2020 (DATE) By [redacted] OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____ (DATE) By ____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ____ (DATE) By ____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Re-elect Lynette Lee Eng 4 Los Altos City Council 2020

I.D. NUMBER

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Lynette Lee Eng	Los Altos City Council	2020	✓		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

CITY CLERK'S OFFICE
2020 AUG P 12: 02
CITY OF LOS ALTOS CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Los Altos

Division, Board, Department, District, if applicable
City Council

Your Position

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ Multi-County _____
☑ City of Los Altos
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☑ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or-
The period covered is ____/____/_____, through December 31, 2019.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)
○ The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is ____/____/_____, through the date of leaving office.

☑ **Candidate:** Date of Election Nov. 3, 2020 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☑ ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)
[redacted]

CITY: Los Altos
STATE: CA
ZIP CODE: 94024

DAYTIME TELEPHONE NUMBER
(650) 619-0884

EMAIL ADDRESS
Lynette.Lu.Eng@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/7/2020
(month, day, year)

Signature [redacted]
(File the originally signed paper statement with your filing official.)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 8/25/2020	Time Stamp	CALIFORNIA FORM 497
Re-elect Lynette Lee Eng 4 Los Altos City Council 2020				For Official Use Only
AREA CODE/PHONE NUMBER: 650 494-6769	I.D. NUMBER (if applicable): 1426242	Report No. 1	Received 8/25/2020 City of Los Altos Elmo el	
STREET ADDRESS: 3425 Janice Way		☐ Amendment to Report No. ___ (explain below)		
CITY: Palo Alto	STATE: CA / ZIP CODE: 94303	No. of Pages 1		

1. Contribution(s) Received

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
8/25/2020	Walter Eng 1873 Grant Park Lane Los Altos CA 94024	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Project Manager DPR Construction	5,000 ☐ Check if Loan _____% Payment Interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Payment Interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Payment Interest rate

**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

Reason for Amendment: _____