

Sasha Linker

From: Lori Ekman [REDACTED]
Sent: Thursday, June 13, 2019 8:11 AM
To: CommAsst
Subject: Liang Chao and Vallco conflict of interest
Attachments: Form 700s and Ballot materials and SIs.pdf; Map 2.pdf; Map 1.pdf

Dear Commissioners:

I'm a resident of Cupertino, California and I have been following the question of Vice-Mayor Chao's eligibility to participate in Vallco discussions closely. I reside in the same neighborhood as the Vice-Mayor on the opposite side of the street dividing one half of that neighborhood from the other: North Blaney Avenue. I've attached an image noting the distance of my home from the Vice-Mayor's and of mine to the Vallco site.

I'm confused by the idea that traffic impacts won't be unique to the Vice-Mayor's home and residences likewise situation on the opposite side of Blaney Avenue. I daily experience spillover traffic and parking concerns from the Apple Infinite Loop campus (labeled on Map 2) which is a similar distance (about 1500 ft., see Map 2 attached) from my home as the Vice-Mayor's is from Vallco. In my daily travels to the nearby Collins Elementary school, I do not see the same spillover traffic extending that far east on the opposite side of North Blaney Avenue at McLaren, where the Vice-Mayor lives (Map 1, marked with an "x").

Looking at the map that provided by the city in it's request for advice, my home on Plum Tree Lane would fall within the "circle" of 3800 feet from Vallco. Judging from the other letters supplied, it does not appear that I would be able to see the Vallco project about 2500 feet away from me (Map 1). How, therefore, can the advice letter state that the impacts to the Vice-Mayor aren't unique compared to those on me? She would be able to see the project from her home; residents of the towers would be able to look down onto her property in a way that they cannot on my home.

It would also seem that park impacts would be unique for the Vice-Mayor as well. Her home immediately abuts Portal Park and the adjoining Collins Elementary School (Map 1). With the new residences going into the Vallco site, there would be impacts to both the park and the school in terms of additional students and greater use of Portal Park, generating more noise and traffic in the Vice-Mayor's part of the neighborhood. Those impacts are unique to her and different from people like me who reside within 3800 feet of Vallco.

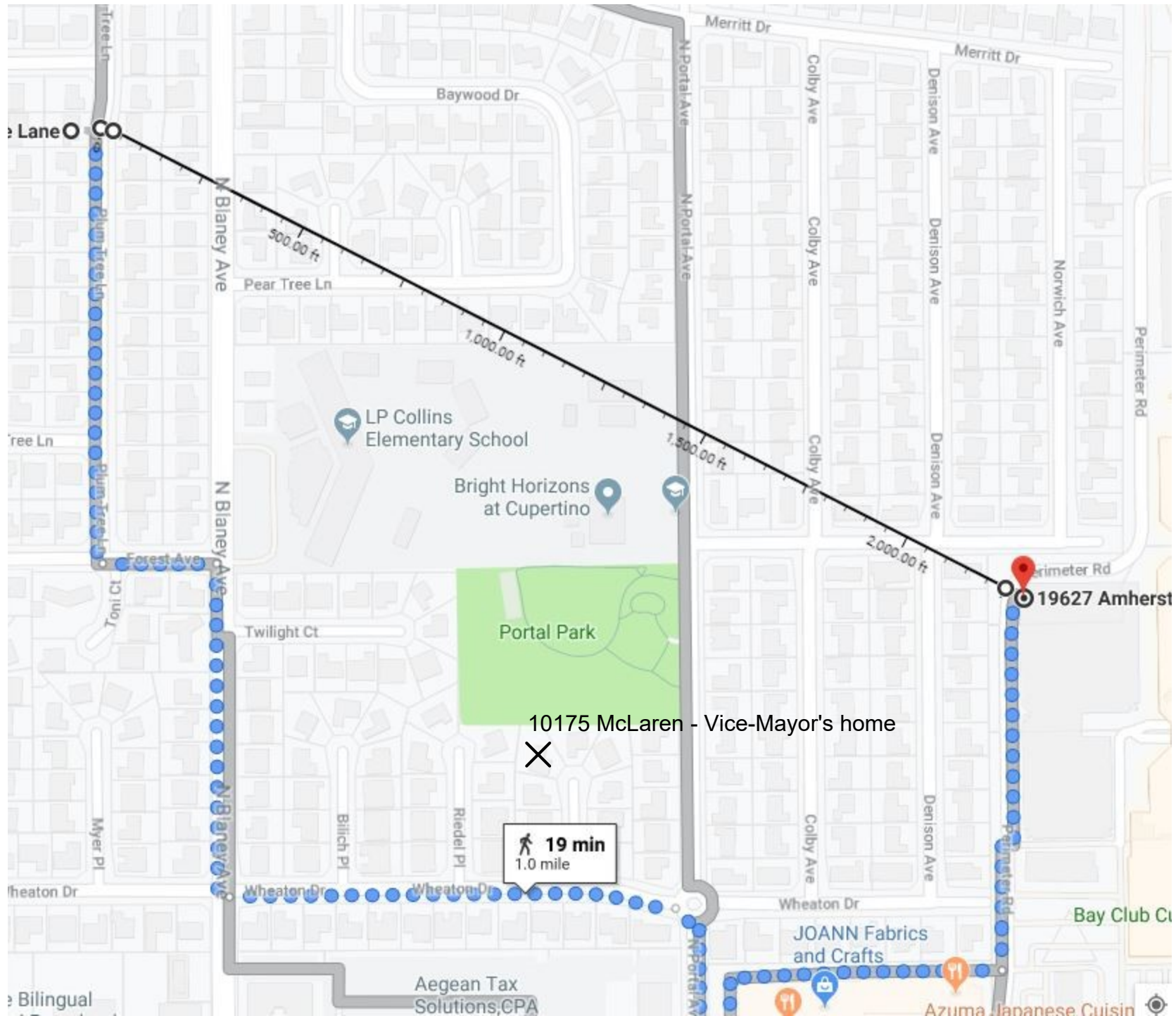
I'm also very confused as to why the FPPC did not examine the Vice-Mayor's various Form 700 filings. She stated in multiple such filings that she operated a business out of her home (see attached Form 700s and ballot designation materials). For reasons that I cannot understand, the city attorney, in her request for advice not only failed to mention this business but stated the *exact opposite*: that there was no for-profit business run out of the home. I can't explain this lack of diligence, but it should cause a reasonable observer to question the accuracy of the other facts presented in the request for advice. At a minimum, the impact of the Vallco project on the Vice-Mayor's business wasn't analyzed in the advice letter and seems to be a distinct impact unique to her as compared to all other residences in the affected area.

Given these facts I ask that the Commission review the Minner advice letter and agree that it should be rescinded.

Many thanks for your consideration,

Lori Ekman

[REDACTED]
Cupertino, [REDACTED]



COVER PAGE

Filed Date: 03/13/2019 01:40 AM
SAN: 101400075-STH-0075

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chao Liang-Fang

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Cupertino
Division, Board, Department, District, if applicable Your Position
City Councilmember

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Cupertino Other _____

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

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed 12/06/2018
- Leaving Office:** Date Left ____/____/____
(Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
 - Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted]
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[Redacted]

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 03/13/2019 01:40 AM Signature [Redacted]
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Liang-Fang Chao

▶ NAME OF SOURCE *(Not an Acronym)*
 G50 Smart City Summit

ADDRESS *(Business Address Acceptable)*
 http://www.g50gscs.org

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 18	\$ 99	Complementary ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Silicon Valley Leadership Group

ADDRESS *(Business Address Acceptable)*
 2001 Gateway Place #101E, San Jose, CA 95110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 18	\$ 75	Complimentary ticket to Fireside Chat with Senator Dianne Feinstein
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Silicon Valley Leadership Group

ADDRESS *(Business Address Acceptable)*
 2001 Gateway Place #101E, San Jose, CA 95110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 18	\$ 55.60	Complimentary ticket for Regional Economic Forum
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

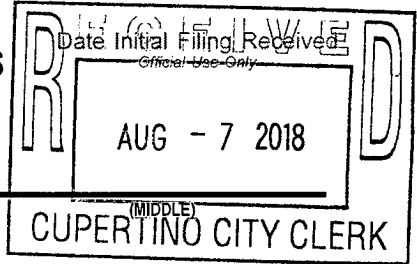
ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)

chao

2018 AUG 10 11:20 AM
Liang - Fang

CUPERTINO CITY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Cupertino

Councilmember

Division, Board, Department, District, if applicable

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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Cupertino

Other _____

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

Annual: The period covered is January 1, 2017, through December 31, 2017.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate: Date of Election 11/6/2018 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 C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

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

8/7/18

(month, day, year)

Signature

[Redacted Signature]

FILED
JUL 27 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Vogel Phyllis REGISTRAR OF VOTERS COUNTY OF SANTA CLARA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Cupertino Union School District
 Division, Board, Department, District, if applicable Your Position
 Members of the Board of Education

► 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 _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Santa Clara County

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.
- Candidate:** Election year 2016 and office sought, if different than Part 1: _____

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

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 CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 10301 Vista Drive Cupertino CA 95014
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (408) 252-3000 pgvogel@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 7-27-16 Signature Phyllis Vogel
 (month, day, year) (File the originally signed statement with your filing official.)

COVER PAGE

FILED

AUG 08 2016

Please type or print in ink.

NAME OF FILER (LAST) CHAO (FIRST) LIANG-FANG (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Cupertino Union School District
Division, Board, Department, District, if applicable Governing Board
Your Position Board Member
REGISTRAR OF VOTERS COUNTY OF SANTA CLARA By Rm Deputy

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
Judge or Court Commissioner (Statewide Jurisdiction)
County of Santa Clara
Other

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
Leaving Office: Date Left
Candidate: Election year 2016 and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

- 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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
10175 McLaren Place Cupertino CA 95014
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(408) 218 7125 LFCHAO@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 8/16/16 Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Liang-Fang Chao

1. BUSINESS ENTITY OR TRUST

Name Mindx Education Center
 Address (Business Address Acceptable) 10175 McLaren Place, Cupertino, CA

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
science, technology, math classes for kids

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____ / ____ / 15 _____ / ____ / 15
 \$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15
 \$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15
 \$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15
 Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION husband is owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15
 \$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15
 \$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15
 Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 _____ / ____ / 15 _____ / ____ / 15
 \$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15
 \$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15
 \$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15
 Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 15 _____ / ____ / 15
 \$10,001 - \$100,000 _____ / ____ / 15 _____ / ____ / 15
 \$100,001 - \$1,000,000 _____ / ____ / 15 _____ / ____ / 15
 Over \$1,000,000 _____ / ____ / 15 _____ / ____ / 15

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Anderson, Gregory G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Cupertino Union School District Member of the Board of Education
 Division, Board, Department, District, if applicable Your Position

FILED

JUL 29 2016

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

Agency: NIA Position: NIA
 REGISTRAR OF VOTERS
 COUNTY OF SANTA CLARA

By Rwl Deputy

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Santa Clara County

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year 2016 and office sought, if different than Part 1: NIA

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 CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
20500 TOWN CENTER LANE CUPERTINO CA 95014
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(310) 279 7952 gregory.g.anderson@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 7 29 2016 Signature [Handwritten Signature]
 (month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY
AMGEN INC
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
DISCOVER FINANCIAL SERVICES
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CHARTER COMMUNICATIONS INC.
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ING GROUP
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CISCO SYSTEMS INC.
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
MORGAN STANLEY
GENERAL DESCRIPTION OF THIS BUSINESS _____

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

Comments: _____

FILED

SEP 29 2016

Date Initial Filing Received
Official Use Only
REGISTRAR OF VOTERS
COUNTY OF SANTA CLARA

By dm Deputy

CALIFORNIA FORM 700
ELECTORAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Cupertino Union School District
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: Board of Education

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Santa Clara
- Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.
- Candidate: Election year 2016 and office sought, if different than Part 1: _____

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

Schedules attached

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- 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 CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
10301 Vista Drive Cupertino CA 95014

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(408) 252-3000 Joluceyforcusd@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 9/29/16 Signature Josephine Ann Lucey
(month, day, year) (Print the originally signed statement with your filing official)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advica@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME
California School Boards Assoc.

ADDRESS (Business Address Acceptable)
3251 Beacon Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Past President

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental income, list each source of \$10,000 or more

 (Describe)
 Other **Salary and Travel Expenses**

 (Describe)

FOR 2015

NAME OF SOURCE OF INCOME
Cupertino Union SD

ADDRESS (Business Address Acceptable)
10301 Vista Blvd Cupertino CA 95014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Board member - VP

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

Comments:

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Filer's Verification

Print Name **Josephine Lucey** Office, Agency or Court **Cupertino Union School District**

Statement Type 2015/2016 Annual _____ Annual Assuming Leaving Candidate

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

Date Signed **03/25/2016 01:05 PM** Filer's Signature **Electronic Submission**
 (month, day, year)

▶ NAME OF BUSINESS ENTITY
CISCO

GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Routers

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
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IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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 ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments: _____

FPPC Form 700 (2015/2016) Sch. A-1
 FPPC Advice Email: advice@fppc.ca.gov
 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Ballot Designation Worksheet

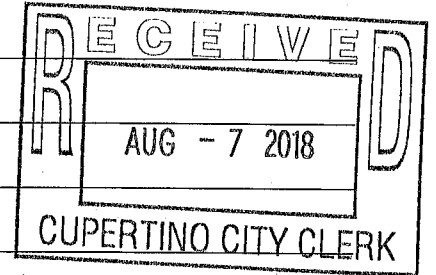
Pursuant to California Elections Code section 13107.3 and California Code of Regulations section 20711, this entire form **must be completed**, or it will not be accepted and you will **not** be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write N/A in the space provided. Otherwise the information **MUST** be provided. Upon filing, this worksheet will be a public record.

Candidate Information

Candidate Name: Liang-Rang Chao
Office: Cupertino City Council
Home Address: 10175 McLaren Place, Cupertino, CA E-Mail: Liang4CupertinoCouncil@gmail.com
Business Address: _____
Mailing Address: P.O. Box 246, Cupertino, CA 95015-0246
Phone Number(s) Business: 408 337 1276 Home/Mobile: 408 218 7125 Fax: _____
Gender (optional, for translation use only): female

Attorney Information

Attorney Name (or other person authorized to act in your behalf): _____
Address: _____
Home Address: _____ E-Mail: _____
Business Address: _____
Mailing Address: _____
Phone Number(s) Business: _____ Home/Mobile: _____ Fax: _____



Proposed Ballot Designation: Engineer/Educator/Entrepreneur
1st Alternative: _____
2nd Alternative: _____

You may select as your ballot designation:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a "/"]
- (b) The full title of the public office you currently occupy and to which you were elected
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to a different office
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office

In the space provided on the next page or on an attachment sheet, describe why you believe you are entitled to use the proposed ballot designation. Attach any documents or exhibits that you believe support your proposed ballot designation. If using the title of an elective office, attach a copy of your certificate of election or appointment. These documents will not be returned to you. **Do not submit originals.**

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.

Remember, it is your responsibility to justify your proposed ballot designation and to provide all requested details. For your reference, attached are Elections Code sections 13107 and 13107.3, and 2 California Code of Regulations (CCR) section 20711. You may also wish to consult Elections Code section 13107.5 ("community volunteer") and 2 CCR sections 20712 - 20719 (found at www.sos.ca.gov).

Justification for use of proposed ballot designation: I am the CEO of MindX, Inc.
and also the chief engineer and the founder.
I'm a teacher in afterschool program.

Current or Most Recent Job Title: CEO Start/End Dates: 1/2018

Employer Name or Business: MindX, Inc.

Person(s) who can verify this information:

Name(s) Weixun Cao Phone Number: 669 204 6578

E-Mail: _____

Name(s) _____ Phone Number: _____

E-Mail: _____

Before signing below, answer the following questions.

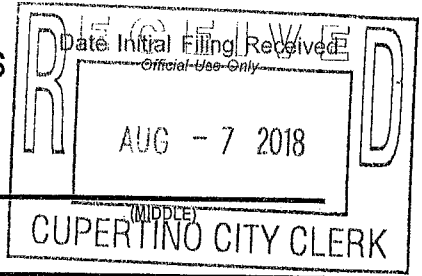
Does your proposed ballot designation:

- Use only a portion of the title of your current elected office? Yes No
- Use only the word "Incumbent" for an elective office (other than Superior Court Judge) to which you were elected? Yes No
- Use more than three total words for your principal professions, vocations or occupations? Yes No
- Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? Yes No
- Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation or occupation? Yes No
- Abbreviate the word "retired"? Yes No
- Place the word "retired" after the words it modifies? Example: Accountant, retired Yes No
- Use any word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation or occupation? Yes No
- Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher Yes No
- Use the name of a political party or political body? Yes No
- Refer to a racial, religious, or ethnic group? Yes No
- Refer to any activity prohibited by law? Yes No

If the answer to any of these questions is "Yes," your proposed ballot designation is likely to be rejected.

Candidate's Signature [Signature] Date 8/6/18

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) chao (FIRST) Liang - Fang

(MIDDLE)
CUPERTINO CITY CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Cupertino
Division, Board, Department, District, if applicable

Councilmember
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 Cupertino
- 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, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 11/6/2018 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 CITY STATE ZIP CODE
P.O. Box 246
10175 McLaren Place Cupertino CA 95014
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(408) 337-2176 LFCHAO@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 8/7/18
(month, day, year)

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



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

8. SECRETARY ADDRESS CITY STATE ZIP CODE

9. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME ADDRESS CITY STATE ZIP CODE

11. NAME ADDRESS CITY STATE ZIP CODE

12. NAME ADDRESS CITY STATE ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE



Secretary of State
Articles of Incorporation of a
General Stock Corporation

ARTS-GS

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$100.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

FILED
 Secretary of State
 State of California

OCT 26 2017

cc This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

The name of the corporation is MindX Inc.

2. Business Addresses (Enter the complete business addresses.)

a. Initial Street Address of Corporation - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
10175 McLaren Place	Cupertino	CA	95014
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State	Zip Code

Item 3a and 3b: If naming an individual, the agent must reside in California and Items 3a and 3b must be completed with the agent's name and complete California street address.

3. Agent for Service of Process

Item 3c: If naming a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 3c must be completed (leave Item 3a-3b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Liang-Fang		Chao	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
10175 McLaren Place	Cupertino	CA	95014
c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b			

4. Shares (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is 1,000,000.

5. Purpose Statement (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

6. Read and Sign Below (This form must be signed by each incorporator. See Instructions for signature requirements.)

Signature

Bin Zhai

Type or Print Name

Em

FILED

Secretary of State
State of California

1cc FEB 02 2015

JM

**ARTICLES OF INCORPORATION OF
Mindx Education Center**

ARTICLE I

The name of this corporation is: Mindx Education Center

ARTICLE II

This corporation is a nonprofit Mutual Benefit Corporation organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.

The specific purpose of this corporation is to promote information technology development.

ARTICLE III

The name and address in the State of California of this corporation's initial agent for service of process is:

Name: Weixun Cao
Address: 1250 Oakmead Pkwy
Sunnyvale, CA 94085

ARTICLE IV

Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purposes of this corporation.

ARTICLE V

The Street and mailing address of this corporation is
1250 Oakmead Pkwy
Sunnyvale, CA 94085



Bin Zhai /Incorporator