Sasha Linker

From: Lori Ekman

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.

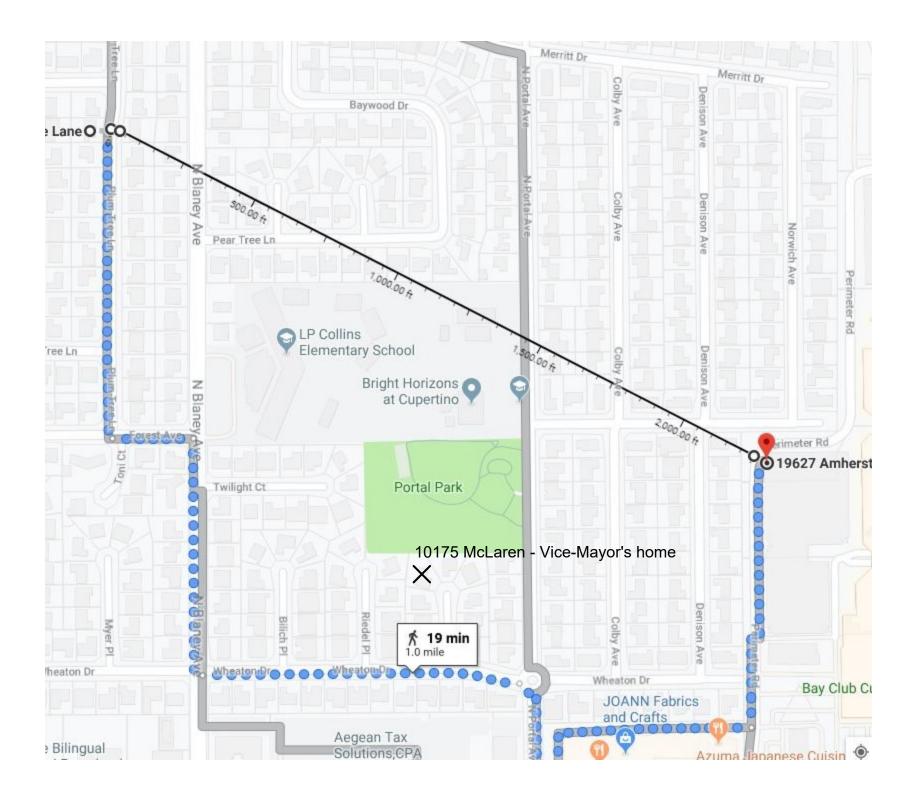
It would also seem that park impacts would be unique for the Vice-Mayor as well. Her home immediately abuts Portal Park and the adjoining Collins Elementary School (Map 1). With the new residences going into the Vallco site, there would be impacts to both the park and the school in terms of additional 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.

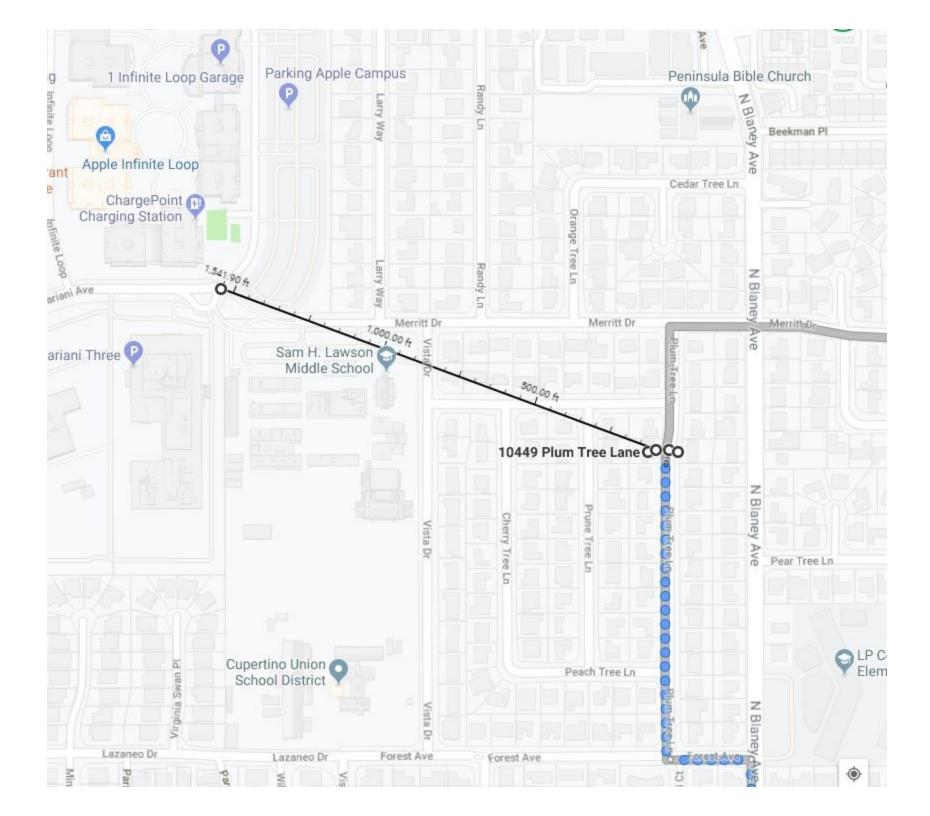
I'm also very confused as to why the FPPC did not examine the Vice-Mayor's various Form 700 filings. She stated in multiple such filings that she operated a business out of her home (see attached Form 700s and ballot designation materials). For reasons that I cannot understand, the city attorney, in 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
Cupertino,





Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

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

NAME OF FILER (LAS	T) (FIRST)		(MIDDLE)
Chao	Lian	g-Fang	
1. Office, Agen	ıcy, or Court		
Agency Name (Do not use acronyms)		
City of Cupe	ertino		
Division, Board,	Department, District, if applicable		Your Position
			City Councilmember
► If filing for mu	ultiple positions, list below or on an attachment. (C	o not use a	acronyms)
Agency:			Position:
2. Jurisdiction	of Office (Check at least one box)		_
State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County			County of
	pertino		Other
City of			
3. Type of Sta	tement (Check at least one box)		
	ne period covered is January 1, 2017, through ecember 31, 2017.		Leaving Office: Date Left/(Check one)
	ne period covered is, t	hrough	 The period covered is January 1, 2017, through the date of leaving office. -or-
★ Assuming (Office: Date assumed 12 , 06 , 2018	-	The period covered is/, through the date of leaving office.
Candidate:	Date of Election and office	e sought, if	different than Part 1:
4. Schedule S		umber o	f pages including this cover page:3
	e A-1 - Investments – schedule attached		Salandula C. Jasania Jasas R. Dusinasa Dasifisas Jashadula attashad
	e A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
_	e B - Real Property – schedule attached		Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	, ,		,
□ None - N	lo reportable interests on any schedule		
5. Verification			
MAILING ADDRESS		CITY	STATE ZIP CODE
(Business or Agency	Address Recommended - Public Document)		
DAYTIME TELEPHO	NE NUMBER	E	-MAIL ADDRESS
	easonable diligence in preparing this statement. I hey attached schedules is true and complete. I ackn		d this statement and to the best of my knowledge the information contained s is a public document.
l certify under բ	penalty of perjury under the laws of the State of	f California	that the foregoing is true and correct.
Date Signed	03/13/2019 01:40 AM	Sin	nature .
	(month day year)	9	(File the originally signed statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Liang-Fang Chao

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MindX, Inc.	
Name	Name
10175 McLaren Place, Cupertino, CA 95014	Allow (D. Joseph M. Lander)
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Hosting Technology Contests for Children	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CEO	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Name of Charles name seem	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE D Income - Gifts

Name

Liang-Fang Chao

			1		
► NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	(Not an Acror	nym)
G50 Smart Ci	ty Summit				
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
http://www.g5	0gscs.org				
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	IRCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 18	\$99	Complementary ticket		\$	
	\$			\$	
	\$			\$	
NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	(Not an Acror	nym)
Silicon Valley	Leadership Gr	oup			
ADDRESS (Busines	ss Address Acceptab	nle)	ADDRESS (Busines	s Address Acce	eptable)
2001 Gateway	y Place #101E	, San Jose, CA 95110			
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 18	\$75	Complimentary ticket to Fireside Chat with Senator Dianne Feinstein		\$	_
/	\$			\$	<u> </u>
/	\$			\$	<u> </u>
NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	(Not an Acror	nym)
Silicon Valley	Leadership Gr	oup			
ADDRESS (Busines	ss Address Acceptab	ele)	ADDRESS (Busines	s Address Acce	eptable)
2001 Gatewa	y Place #101E	, San Jose, CA 95110			
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 18	\$55.60	Complimentary ticket for Regional Economic Forum		\$	
	\$			\$	
	\$			\$	
Comments:	\$		II <i></i>	\$	

STATEMENT OF ECONOMIC INTERESTS

A. COVER PAGE

D	ate Initial	Filing L	Rebeivea]
	AUG	- 7	2018	

Please type or print in ink.

NAME OF FILER (LAST)

Liang-Fang

CUPERTINO CITY CLERK

l. Office, Agency, or Court	
Agency Name (Do not use acronyms)	councilmember
City of Cypertino	
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)
Agency:	Position:
Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Multi-County	Other
. 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)
The period covered is/, through December 31, 2017.	O The period covered is January 1, 2017, through the date of leaving office.
Assuming Office: Date assumed/	O The period covered is/, through the date of leaving office.
Candidate: Date of Election 11/b/2018 and office sought	t, if different than Part 1:
. Schedule Summary (must complete) ► Total number Schedules attached	r of pages including this cover page:
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	
Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Dunings or Asses) Address Descriptional Dublic Description	
I have used all reasonable diligence in preparing this statement. I have reviewherein and in any attached schedules is true and complete. I acknowledge	
I certify under penalty of perjury under the laws of the State of Califor	nia that the foregoing is true and correct.
Date Signed <u> 8/7/18</u>	Signature
(month, day, year)	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Liang-Fang Chas

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mindx, Inc.	
Name 1017 C McLaren Place, Cupertime Address (Business Address Acceptable) CA 95014 Check one	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
	_
Trust, go to 2 Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	· · · · · · · · · · · · · · · · · · ·
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\int \text{\$\subseteq}\$ \text{\$\subseteq}\$ \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000//	\$2,000 - \$10,000///
\$100,001 - \$1,000,000	\$100,001 - \$100,000 A0401125 SIGN 6625
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ OVER \$100,000	\$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ S1,001 - \$10,000	│
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 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	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
A INVESTMENTS AND INTERESTS IN DEAL PROPERTY HELD OR	A INVESTMENTS AND INTERFECTS IN DEAL PROPERTY HELD OR
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box: ☐ INVESTMENT ☐ REAL PROPERTY	Check one box:
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Falcer Number of Gliebet Address of Real Property	Assessor a Farcer Number of Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FPPC Form 700 (2017/2018) Sch. A-2
Comments:	FPPC FORM 700 (2017/2018) SCR. A-2

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

JUL 27 2016

Date Initial Filling Received

Please type or print in ink. (FIRST) NAME OF FILER (LAST) **Phyllis** Vogel 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) Position: _ Agency: ___ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County _____ County of _ Other Santa Clara County City of ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. -or-O The period covered is January 1, 2015, through the date of The period covered is ____/___ leaving office. December 31, 2015. O The period covered is ______, through Assuming Office: Date assumed ___ 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 Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ■ None - No reportable interests on any schedule 5. Verification ZIP CODE STATE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) CA Cupertino 95014 10301 Vista Drive E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER pgvogel@gmail.com (408) 252-3000 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. Signature 2 Date Signed

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
Phyllis Vogel

▶ 1, BUSINESS ENTITY OR TRUST	▶ 1, BUSINESS ENTITY OR TRUST
Vogel Family Trust	
Name	Name
12144 Covina Ct., Saratoga, CA 95070	Address (Pusiness Address Assertable)
Address (Business Address Acceptable)	Address (Business Address Acceptable) Check one
Check one ☑ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☑ \$0 - \$499 □ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000
\$1,001 - \$10,000 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
✓ None or Names listed below	None or Names listed below
N. V. Contraction of the Contrac	
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY
7665 Shadowhill Lane	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property Cupertino, CA 95014	Assessor's Parcer Number of Sileet Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
☑ Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST ✓ Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	EPPC Form 700 (2015/2016) Sch. A-2

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Phyllis Vogel		

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7665 Shadowhill Lane	
CITY	CITY
Cupertino, CA 95014	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
✓ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Davis Property Management	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
You are not required to report loans from commercial	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Phyllis Vogel			

1, INCOME RECEIVED	▶ 1, INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Deep Cliff Golf Course		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
10700 Clubhouse Lane		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Cupertino, CA 95014		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Clerk		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
☐ \$500 - \$1,000 ☑ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
✓ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment	Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
	Other	
Other(Describe)	(Describe)	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
<u> </u>	% None	
ADDRESS (Business Address Acceptable)	OFCURITY FOR LOAN	
	SECURITY FOR LOAN None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ House ☐ I disolital residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	indu annos:	
\$500 - \$1,000	City	
\$1,001 - \$10,000	Cummater	
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Othor	
land " "	Other (Describe)	
Ourse		
Comments:	EDDC Form 700 (2015 /2016) Sch	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

AUG (MBDLE)16

	CHAD	LIANG-FI	ANG		
1. Office,	Agency, or Court			PEGA	STRAR OF VOTERS
	ame (Do not use acronyms)			By	Rm Decury
Cu	oard, Department, District, if applicable	District			
			Your Position	ember	
	verning Board			ember	
► If filing	for multiple positions, list below or on an attachme	ent. (Do not use acro	nyms)		
Agency: _			Position:		
2 Jurisdie	ction of Office (Check at least one box)				
State	Guoti of Office (check at least one box)	١	☐ Judge or Court Commissi	oner (Statowide	lurisdiction)
_	ounty		County of Santo		-
	ounty		Other		
3. Type of	Statement (Check at least one box)				
Annua Annua	The period covered is January 1, 2015, throug December 31, 2015.	h [Leaving Office: Date Le (Check one)	eft/_	1
-0		through	The period covered is	January 1, 201	15, through the date of
	December 31, 2015.	, anough	leaving office.	, ,	, 0
Assun	ning Office: Date assumed/		The period covered is		through
<i>=</i>	3516		the date of leaving of		
Candid	date: Election year 2016 and d	omice sought, it differe	it than Part 11		
4. Schedu	le Summary (must complete) 🕨 🕇	otal number of pa	ges including this co	ver page:	2
Schedu	iles attached				
☐ Sch	hedule A-1 - Investments - schedule attached	☐ Sche	dule C - Income, Loans, & L	Business Positio	ns - schedule attached
TAX III	hedule A-2 - Investments - schedule attached		dule D - Income - Gifts - se		
-or-	nedule B - Real Property - schedule attached	Sche	dule E - Income – Gifts – Ti	ravel Payments	- schedule attached
	e - No reportable interests on any schedu	ule			
5. Verificat					2 10 41 2004 20 20
MAILING ADD	DRESS STREET	CITY	STATE		ZIP CODE
Business of A	Agency Address Recommended - Public Document) 5 McLaren Placo	cupertina	c A	+ 0	95014
	LEPHONE NUMBER	E-MAIL	ADDRESS		
(UO8)			FCHAOQU	K1	om
	d all reasonable diligence in preparing this statement in any attached schedules is true and complete.			of my knowledge	the information contained
I certify un	nder penalty of perjury under the laws of the Si	tate of California that	the foregoing is true and	correct.	
	8/6/16		La C	C	7
Date Signe	d (month, day, year)	Signatur	X	ned statement with you	r filing official)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	
Liong-Fano	Chao

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Mindx Education Center	
10175 McLaren Place, Cuperfino, CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
science, technology, math classes for kids	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$ 0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 //15 //15 \$100,001 - \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION husband is owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$\ \begin{align*} \\$0 - \$499 & \$10,001 - \$100,000 \\ \$500 - \$1,000 & \text{OVER \$100,000} \\ \$1,001 - \$10,000 & \text{OVER \$100,000} \\ \$1,001 - \$10,000 & \text{OVER \$100,000} \\ \text{OVER \$100,000} \\ \qquad \qqq \qq \qqq \qq \qq \qq \qq \qq \qq	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$0VER \$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	➤ 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	► 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	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FPPC Form 700 (2015/2016) Sch. A-2
Comments:	EDDC Advise Email: advise@fens ca gov

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Gregory Anderson, 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) JUL 29 2016 NIA Agency: ___ REGISTRAN OF VOTERS COUNTY OF SANTA CLARA PW Jurisdiction of Office (Check at least one box) Deputy Judge or Court Commissioner (Statewide Jurisdiction) □ State County of Multi-County Xother Santa Clara County City of _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/__ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is ____ leaving office. December 31, 2015. O The period covered is _______, through Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election year 2016 and office sought, if different than Part 1: 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 E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -01- ■ None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended -(310) 2+9 +952 Gregory, Gregory, Gregory, Gregory and Condens of Management of the 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 periury under the laws of the State of California that the foregoing is true and correct. Date Signed (File the originally signed statement with your filing official.) (month, day, year)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
Name

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
AMGEN INC	DISCOVER FINANCIAL SERVICE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,000 Over \$1,000,000	☐ \$2,000 - \$10,000 ☐ \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CHARTER COMMUNICATIONS INC.	ING GROUP
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$\times\$ \$10,001 - \$100,000 \$\times\$ \$100,001 - \$1,000,000 \$\times\$ Over \$1,000,000
\$1,000,000 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 of More (Report on Schedule C)	C mount received of these strains proper an emission by
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
CISCO SYSTEMS INC.	MORGAN STANLEY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$\frac{1}{2}\$\$10,001 - \$100,000 \$\frac{1}{2}\$\$100000 \$\frac{1}{2}\$\$ \$10,000 \$\frac{1}{2}\$\$\$ \$10,000 \$\frac{1}{2}\$\$\$ \$10,000 \$\frac{1}{2}\$\$\$ \$10,000 \$\frac{1}{2}\$\$\$\$ \$10,000 \$\frac{1}{2}\$	\$2,000 - \$10,000 \$10,000 = \$100,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 ///	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	• •
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 369-55-062	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
369-55-062 Cupertino	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$10,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
1,	
* You are not required to report loans from commercial loans established business on terms available to members of the public loans received not in a lender's regular course of business.	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	



CALIFORNIA FORM 700

LAIR MULLIPLAT PRACTICES COMMENSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

SEP 29 2016

Date initial Filing Received
Control Use Only
REGISTRAN OF VOTERS
COUNTY OF SWITA CLARA

Deputy

Please type or print in ink.	57 <u>-9R</u>
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
LUCEY JOSEPHNE	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Cuputino 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	
Agency:	Position: Board of Education
2. Jurisdiction of Office (Check at least one box)	Company of the Compan
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	Jounty of Santa Clare
Clty of	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/
The period covered is/ through December 31, 2015.	 The period covered is January 1, 2015, through the date of leaving office. -or-
Assuming Office: Date assumed	○ The period covered is, through the date of leaving office.
candidate: Election year 2016 and office sought, if d	ifferent than Part 1:
4. Schedule Summary (must complete) ► Total number of	of pages including this cover page;
Schedules attached	ter tak a saa garan ja
Schedule A-1 - Investments – 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-	
Mone - No reportable Interests on any schedule	* s \$
5. Verification	
MAILING ADDRESS STRUET (BUSIness or Agency Address Recommended - Public Document)	STATE ZIP CODE
10301 Vista Drive Cuput	NO CA 95014
DAYTIME TELEPHONE NUMBER	MAIL ADDRESS
(408) 252 - 3000	To Lucy for Cus De gmail. com
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge the	ed this statement and to the best of my knowledge the information contained is 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.
	naturo Dosephine ann Juley
(month, day, year)	(Fill the originally eighed elaloment with your filling afficial.)

FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov

Filed Date: 03/25/2016 01:05 PM SAN: 021300015-STH-0015

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700

(Other than Gifts and Travel Payments)

	 ▶ 1: 12 (1)(1) (1)(1)
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
California School Boards Assoc.	Cupertino Union SD
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3251 Beacon Blvd	10301 Vista Blvd Cupertino CA 95014
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUBINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Past President	Board member - VP
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	S500 - \$1,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership, For 10% or greater use Schedula A-2.)
Sale of	Sale of
(Real property, our, boat, etc.)	(Roal property, car, fuelt, etc.)
Loan repayment	Loan repayment
Commission or	Commission or Rental income, flat each source of \$10,000 or more
(Doscribe)	(Opecitio)
Other Salary and Travel Expenses	□ Other
(Describe)	(Describe)
Comments:	50000000 SEC. 100000 SEC. 1000000 SEC. 1000000000000000000000000000000000000
* You are not required to report loans from commercial lending institute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a tender's regular or status.	
* You are not required to report loans from commercial lending institute card transaction, made in the lender's regular course of business on	ions, or any indebtedness areated as part of a retail installment or credit terms available to members of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial lending institute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER*	ions, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: (NTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial lending institute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a lender's regular or status.	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years) Whene SECURITY FOR LOAN
* You are not required to report loans from commercial lending institute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER*	ions, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: (NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal toans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Appentable)	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years) Whene SECURITY FOR LOAN
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal toans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Appentable)	ions, or any indebtedness created as part of a retail installment or credit terms evallable to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular on NAME OF LENDER* ADDRESS (Business Address Ameritable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ions, or any indebtedness created as part of a retail installment or credit terms evallable to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER. ADDRESS (Business Address Autophable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	lons, or any indebtedness created as part of a retail installment or credit terms evaluable to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal toans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Absorbable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lons, or any indebtedness created as part of a retail installment or credit terms evallable to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Yoars)
You are not required to report loans from commercial lending institute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Yoars) % None % None Real Property Street address City
You are not required to report loans from commercial lending inetitute card transaction, made in the tender's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Absentially) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Autophable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Absorbtable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Josephine Lucey Office,	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Absorbtable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Josephine Lucey Office, Statement Type [7 2015/2016 Annual	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER* ADDRESS (Business Address Absorbtable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Josephine Lucey Office, Statement Type [7] 2015/2016 Annual [7] Annual [7] As there used all reasonable diligence in preparing this statement. I have	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)
You are not required to report loans from commercial lending institute card transaction, made in the lander's regular course of business on status. Personal loans and loans received not in a lender's regular of NAME OF LENDER. ADDRESS (Business Address Absorbtable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Josephine Lucey Office, Statement Type 2015/2016 Annual Annual Ascontained herein and in any attached schedules is true and complete. I cartify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtify under penalty of perjury under the laws of the State of Courtification of the State of Courtifi	lons, or any indebtedness created as part of a retail installment or credit terms available to membera of the public without regard to your official course of business must be disclosed as follows: [NTEREST RATE TERM (Months/Years)

FAX NO, :14087491572

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

A STATE OF THE STA	
NAME OF BUSINESS ENTITY CISCO	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computers / Routers	ł
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000	\$100,001 - \$1,000,000 Ovor \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Char (Cescribe)	Stock Other (Concribe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$490 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 15 1 15	J 15 J 15 ACCURRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
NAME OF BOSINESS FALLS	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,000 - \$150,000	\$2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
opposition of the second of th	
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Slock Cites (Countbe)	(Describe)
Pertnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 15	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	District Control of the Control of t
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
22,000 - \$10,000 S10,000	22,000 - \$10,000 510,001 - \$100,000
\$100,001 - \$1,000,000 Cver \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
C Stock C Other	Stock Other (Describe)
(Describe) Partnership Income Received of \$0 - \$499	Partnership O Income Received of 50 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 15	1 15 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Comments:	

FPPC Form 700 (2015/2016) Sch. A-1

FPPC Advice Email: advice@fppc.ca.gov

FPPC Tojl-Free Helpline: 866/275-3772 www.fppc.ca.gov

FROM : LUCEY/PUZIOL FAX NO. : 14087491572 Sep. 29 2016 09:04AM P2

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 Name: Liang-Rang Chao
	Candidate Name: Liang-Rang Chao Office: Cupertino City Council
3	Home Address: 10175 McLaven Place, Caperitad E-Mail: Liang & Caperino Council
ieta I.	Business Address:
	Mailing Address: P. O. Box 246, Cupertino, CA 95015-0246
t.	Mailing Address: P. O. BOX 246, Cupertino, CA 95015-0246 Phone Number(s) Business: 4083371276 Phone Number(s) Business: 4083371276 Phone Number(s) Business: 4083371276
	Gender (optional, for translation use only): <u>Female</u>
	Attorney Name (or other person authorized to act in your behalf):
_ Atto	Address:
Attorney I	Home Address: E-Mail: E-Mail:
Information	Business Address: CUPERTINO CITY CLERK
ation	Mailing Address:
L.	Phone Number(s) Business: Home/Mobile: Fax:
	Proposed Ballot Designation: Engineer/Educator/Entrepreneut
	1st Alternative:
	2 nd 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: <u>I am the CEO of MINAL</u>	(, In	<u>e.</u>
and also the chief enginer and the founder. I'm a teacher in afterschool program.		
Current or Most Recent Job Title: CEO Start/End Dates: 1/201	8	
Employer Name or Business: MINDX Inc.		
Person(s) who can verify this information:		
Name(s) Weikun (av Phone Number: 669	204	6578
E-Mail:		
Name(s) Phone Number:	-	
E-Mail:		
15-Wan.		•
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	(1)
 Use only the word "Incumbent" for an elective office (other than Superior Court Judge) 	Yes	Ω
to which you were elected?Use more than three total words for your principal professions, vocations or occupations?	Yes	(1) (1)
 Use more than three total words for your principal professions, vocations of occupations: Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? 	Yes	
• Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation	**	
or occupation?	Yes Yes	
 Abbreviate the word "retired"? Place the word "retired" after the words it modifies? Example: Accountant, retired 	Yes	<u> </u>
 Place the word "retired" after the words it modifies? Example. Accountant, retired Use any word or prefix (except "retired") such as "former" or "ex-" to refer to a former 	1 03	1.40
profession, vocation or occupation?	Yes	(No)
• Use the word "retired" along with a current profession, vocation, or occupation?		
Example: Retired Firefighter/Teacher	Yes	(Je)
• Use the name of a political party or political body?	Yes	(No
• Refer to a racial, religious, or ethnic group?	Yes	KID.
Refer to any activity prohibited by law?	Yes	(L)V
If the answer to any of these questions is "Yes," your proposed ballot designation is likely to be	rejected	1.
Candidate's Signature Date	1611	8

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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IID	ate Initial F	ing	Releived	5
		* 688-44 0	Notes the second second	7// H
	AUG	- 7	2018	
				المصححا

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST) Liang-Fang	CUPERTINO CITY CLE		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) City of Cupertino Division, Board, Department, District, if applicable	Coun with Your Position	nember		
► 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 bo State Multi-County City of Cupertino	Judge or Court Com	nmissioner (Statewide Jurisdiction)		
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, the December 31, 2017. The period covered is/	(Check one) (Check one) The period cove leaving office. or- The period cove the date of leaving office.			
4. Schedule Summary (must complete) Schedules attached ☐ Schedule A-1 - Investments – schedule attached ☐ Schedule A-2 - Investments – schedule attached ☐ Schedule B - Real Property – schedule attached	d Schedule C - Income, Loans d Schedule D - Income - Gifts	s, & Business Positions – schedule attached		
 Or- None - No reportable interests on any sch 	hodula			
MAILING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (408) 337-2176 I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet I certify under penalty of perjury under the laws of the Date Signed	CITY CHP CH Fino E-MAIL ADDRESS LF CH A-O @ ement. I have reviewed this statement and to the brote. I acknowledge this is a public document.			
(month, day, year)		lly signed statement with your filing official.)		

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	►1. BUSINESS ENTITY OR TRUST
Mindx, Inc.	
Name LOC 7 C M c Laren Place, Cupertime Address (Business Address Acceptable) CA 95014	Name
Address (Business Address Acceptable) A a D 14	Address (Business Address Acceptable)
Check one	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 /
NATURE OF INVESTMENT ☑ Partnership ☐ Sole Proprietorship ☐ Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499
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	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet it 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:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:__

State of California Secretary of State

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): \$25.00.
If this is an amendment, see instructions.

	IMPORTANT – READ INSTRU	CTIONS BEFORE COMPLETING	THIS FORM		
1.	CORPORATE NAME				
2	CALIFORNIA CORPORATE NUMBER				
۷.	OALII OKKIA OOKI OKATE NOMBEK			This Space for Filir	g Use Only
No	Change Statement (Not applicable	e if agent address of record is a P.O.	Box address. See in:	structions.)	
3.		the information contained in the la			ornia Secretary
		nation has been previously filed, this			araia Caaratan,
	of State, check the box and pro	any of the information contained in the ceed to Item 17.	ie iast Statement of in	normation flied with the Calli	omia Secretary
<u> </u>	·		i+.	annet ha D.O. Davies \	
	omplete Addresses for the Follow STREET ADDRESS OF PRINCIPAL EXEC		e city. Items 4 and 5 ca CITY	annot be P.O. Boxes.) STATE	ZIP CODE
4.	STREET ADDRESS OF FRINCIPAL EXEC	OTIVE OF FIGE	OII I	SIAIL	ZIF CODE
5.	STREET ADDRESS OF PRINCIPAL BUSIN	IESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6.	MAILING ADDRESS OF CORPORATION,	F DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE
Na	ames and Complete Addresses o	f the Following Officers (The corr	poration must list these	three officers A comparable	e title for the specific
	icer may be added; however, the preprir			Timee officers. A comparable	s the for the specific
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
	ames and Complete Addresses o		rs Who are Also O	fficers (The corporation mu	st have at least one
	ector. Attach additional pages, if neces	• '	OITY	OTATE	710.0005
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 BOAR	D OF DIRECTORS. IF ANY:			
_	gent for Service of Process If the	· · · · · · · · · · · · · · · · · · ·	eside in California and	Item 15 must be completed w	ith a California street
ad	dress, a P.O. Box address is not accep	stable. If the agent is another corporat	ion, the agent must ha		
	rtificate pursuant to California Corporation NAME OF AGENT FOR SERVICE OF PRO		t be left blank.		
14.	. NAME OF AGENT FOR SERVICE OF PRO	CESS			
15.	. STREET ADDRESS OF AGENT FOR SER'	VICE OF PROCESS IN CALIFORNIA, IF AN	INDIVIDUAL CITY	STATE	ZIP CODE
Ту	pe of Business				
16.	. DESCRIBE THE TYPE OF BUSINESS OF	THE CORPORATION			
17	BY SUBMITTING THIS STATEMENT OF	INFORMATION TO THE CALLEODALIA OF	CODETADY OF STATE	THE CORDODATION CERTIFIE	S THE INCODMATION
17.	. BY SUBMITTING THIS STATEMENT OF CONTAINED HEREIN, INCLUDING ANY A		CONCIANT OF STATE,	THE CURPURATION CERTIFIES	O THE INFURIMATION
ļ		OF PERSON COMPLETING FORM	TITLE	SIGNATU	
SI-	200 (REV 01/2013)	Page 1 of 1		APPROVED BY S	ECRETARY OF STATE

S

Secretary of State Articles of Incorporation of a General Stock Corporation

ARTS-GS

 ${\tt IMPORTANT--Read\ Instructions\ before\ completing\ this\ form.}$

Filing Fee - \$100.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

FILED
Secretary of State
State of California
OCT 2 6 2017

Note: Corporations may have to pay m Tax Board each year. For more inform			\ This Space Fo		Use On	ly	
1. Corporate Name (Go to www.sos	.ca.gov/business/be/name-availal	bility for general co	rporate name requirements	and restri	ictions.)		
The name of the corporation is Mir	ndX Inc.						
			<u></u>				
2. Business Addresses (Enter the	complete business addresses.)						
a. Initial Street Address of Corporation - Do no	t list a P.O. Box	City (no abbrevia	y (no abbreviations)		Zip Code		
10175 McLaren Place		Cupertino		CA	95014		
b. Initial Mailing Address of Corporation, if diffe	erent than item 2a	City (no abbrevia	tions)	State	Zip Co	Zip Code	
3. Agent for Service of Process	Item 3a and 3b: If naming an i completed with the agent's nan Item 3c: If naming a California be on file with the California Se	ne and complete (a Registered Corp	California street address. orate Agent, a current age	ent registra	ition certif	ficate mus	
a. California Agent's First Name (if agent is no	t 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 abbrevia	(no abbreviations)		Zip Code		
10175 McLaren Place		Cupertino		CA	95014		
c. California Registered Corporate Agent's Nar	ne (if agent is a corporation) – Do n	ot complete Item 3a	or 3b				
4. Shares (Enter the number of shares	s the corporation is authorized to	issue. Do not leav	ve blank or enter zero (0).)				
This corporation is authorized to iss The total number of shares which t	•		1,000,	000		····································	
5. Purpose Statement (Do not alter	the Purpose Statement.)	A STATE OF THE STA					
The purpose of the corporation is under the General Corporation Law practice of a profession permitted to	w of California other than t	the banking bu	siness, the trust com				
6. Read and Sign Below (This form		rporator. See Ins	tructions for signature r	equireme	ents.)		
mighou		Bin Zh	nai				
Signature Type or Print Name							



ARTICLES OF INCORPORATION OF

FILED
Secretary of State
State of California

Gm

(CC FEB 0 2 2015 PM



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

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