

ADW03

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Official Use Only

COVER PAGE

TN

MAR 17 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LEE WAYNE JONE CITY OF MILLBRAE
ADMIN DEPT.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF MILLBRAE
Division, Board, Department, District, if applicable
CITY COUNCIL
Your Position
MAYOR

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

Agency: ASSOC OF BAY AREA GOV Position: DIRECTOR - ALT

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FAIR POLITICAL PRACTICES COMMISSION
2014 APR -3 PM 1:18

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County SEE ATTACHED County of SAN MATEO
 City of MILLBRAE Other

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

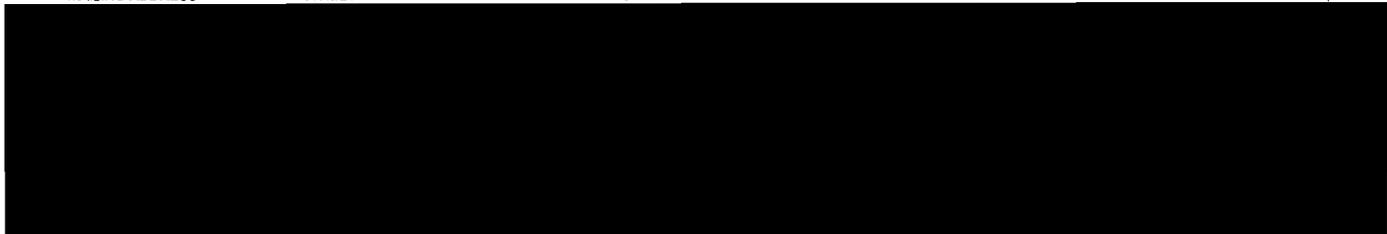
Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is _____ through December 31, 2013.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left 12 / 31 / 2013
(Check one)
● The period covered is January 1, 2013, through the date of leaving office.
○ The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
► Total number of pages including this cover page: 5
 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



Date Signed 3/17/2014
(month, day, year)

WAYNE J. LEE

2013 FPPC FORM 700 DISCLOSURES

Agency	Address	Position	Current/Off	Jurisdictions
Bay Area Air Quality Management District	939 Ellis Street, San Francisco	Sr Air Quality Inspector	ON 1/1/2013-12/31/2013	Counties of Alameda, Costra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Peninsula Congestion Relief Alliance	1150 Bayhill Dr, ste 107 San Bruno	Director	ON 1/1/2013-12/31/2013 OFF 1/1/2014	San Mateo County
Association of Bay Area Governments	101 Eighth St., Oakland	Director - Alt	ON 3/20/2013-12/31/2013	Counties of Alameda, Costra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Cities/County Association of Governments	County Office Building 555 County Center Fifth Floor Redwood City, California 94063	Director - Alt	ON 1/1/2013-12/31/2013	San Mateo County

**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	
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	

▶ NAME OF BUSINESS ENTITY
APPLE CORPORATION

GENERAL DESCRIPTION OF THIS BUSINESS
COMPUTER/CONSUMER ELECTRONICS

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RIGEL PHARMACEUTICAL

GENERAL DESCRIPTION OF THIS BUSINESS
PHARMCEUTICAL MANUFACTURE

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:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BANK OF AMERICA

GENERAL DESCRIPTION OF THIS BUSINESS
BANK

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:
 _____/_____/13 _____/_____/13
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL ELECTRIC

GENERAL DESCRIPTION OF THIS BUSINESS
CONGLOMERATE

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:
 _____/_____/13 _____/_____/13
 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)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name WAYNE J. LEE

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
San Francisco Shanghai Sister City Committee
 ADDRESS (Business Address Acceptable)
809 Sacramento Ave
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Cultural and trade mission
 DATE(S): / /13 - / /13 AMT: \$ 1,700.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Cultural and trade exchange

▶ NAME OF SOURCE (Not an Acronym)
Haudu District Government
 ADDRESS (Business Address Acceptable)
Government Center
 CITY AND STATE
Haudu District, Ghongdong, PRC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Cultural and trade mission
 DATE(S): / / - / / AMT: \$ 143.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
Zhuhai Benevolent Association of America
 ADDRESS (Business Address Acceptable)
1123 Stockton Street, #3A
 CITY AND STATE
San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Trade and cultural exchange
 DATE(S): 10/12/13 - / / AMT: \$ 109.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Food and Lodging

▶ NAME OF SOURCE (Not an Acronym)
Luk Fook Group
 ADDRESS (Business Address Acceptable)
Luk Fook Jewellery Centre, No. 239 Temple St
 CITY AND STATE
Jordan, Kowloon, Hong Kong
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Jewelry wholesaler and manufacturer
 DATE(S): / / - / / AMT: \$ 276.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Entertainment/Food/Lodging

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name _____

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Kong Dragon Properties Holding

ADDRESS (Business Address Acceptable)
 39 El Camino Real

CITY AND STATE
 Millbrae CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Property management

DATE(S): 10 / 28 / 13 - / / - / / AMT: \$ 82.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): - / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): - / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): - / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____