CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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CITY OF SAN LEANDRO
MAR 30 2015
CITY CLERK'S OFFICE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST): Lee (FIRST): Benny (MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
San Leandro City Council

Division, Board, Department, District, if applicable: District 4

Your Position: 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
- ☐ Multi-County _____
- ☑ City of San Leandro
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ___/___/_____, through December 31, 2014.

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

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

- ○ The period covered is January 1, 2014, 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:*** 3

- ☐ **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*

[redacted]

Date Signed 03/19/2015
(month, day, year)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Benny Lee

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Asian Community Cultural Association
ADDRESS *(Business Address Acceptable)*: 15127 Inverness St., San Leandro CA 94579
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-Profit Cultural Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 14	$ 80.00	Cultural event ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Asian Real Estate Association of America
ADDRESS *(Business Address Acceptable)*: 5963 La Place Court Ste 314, Carlsbad, CA 92008
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-Profit Real Estate Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 14	$ 150.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: American Entertainment Group
ADDRESS *(Business Address Acceptable)*: 800 West Olympic Blvd., Suite 305.Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sports Event Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 20 / 14	$ 100.00	Event tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Claremont Realty
ADDRESS *(Business Address Acceptable)*: 621 Madison Street, Oakland, CA 94607
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 14	$ 80.00	Cultural event ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Asian Business Council
ADDRESS *(Business Address Acceptable)*: 120 Estudillo Ave, San Leandro, CA 94577
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non Profit Business Promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 14	$ 100.00	Taste of SL tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Kaiser Permanente
ADDRESS *(Business Address Acceptable)*: 2500 Merced St., San Leandro CA 94577
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Health Maintenance Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	$ 80.00	VIP Gift Bag
/ /	$	
/ /	$	

Comments:

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Name
Benny Lee

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Asian Business Alliance
ADDRESS *(Business Address Acceptable)*
1401 Golf Course Rd, Hayward, CA 94541
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Business Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 27 / 14	$ 50.00	Dinner event tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Asian Health Services
ADDRESS *(Business Address Acceptable)*
818 Webster St, Oakland, CA 94607
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ethnic Medical Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 14	$ 100.00	Event tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Waste Solutions
ADDRESS *(Business Address Acceptable)*
1820 10th St., Oakland, CA 94607
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 30 / 14	$ 75.00	Dinner event tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Northern California Carpenters Regional Council
ADDRESS *(Business Address Acceptable)*
265 Hegenberger Rd, Suite 200 Oakland, CA 94086
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 14	$ 50.00	Lunch event tickets
/ /	$	
/ /	$	

► 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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: