CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

2010 MAR -1 PM 6:07

A Public Document

RECEIVED
Date Received
Official Use Only
2010
By [redacted]

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME [redacted] ER
Eng	Mike		[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]		[redacted]		

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

Your Position:

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

- [x] State
- [ ] County of _____
- [ ] City of _____
- [ ] Multi-County _____
- [ ] Other _____

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

- [ ] Assuming Office/Initial Date: ____/____/____
- [x] Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

- ○ The period covered is ____/____/____, through December 31, 2009.

- [ ] Leaving Office Date Left: ____/____/____ (Check one)
  - ○ The period covered is January 1, 2009, through the date of leaving office.

-or-

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

- [ ] Candidate Election Year: _____

4. Schedule Summary

▸ Total number of pages including this cover page: _____

▸ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 [x] Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 [x] Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B [ ] Yes – schedule attached
Real Property

Schedule C [ ] Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D [x] Yes – schedule attached
Income – Gifts

Schedule E [ ] Yes – schedule attached
Income – Gifts – Travel Payments

-or-

- [ ] No reportable interests on any schedule

5. Verification

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 3/1/10
(month, day, year)

Signature [redacted]
(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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Mike Eng

▶ NAME OF BUSINESS ENTITY: Ericcson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Telecom

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: Nokia

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Telecom

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Technology

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: Pfizer

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Pharmaceutical

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: Micron Tech

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Technology

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

▶ NAME OF BUSINESS ENTITY: Texas Instruments

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Techology

FAIR MARKET VALUE
- [X] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [X] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/09 ACQUIRED 1/2/09 DISPOSED

Comments: _____

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
Time Warner

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Media

FAIR MARKET VALUE
[X] $2,000 - $10,000 [ ] $10,001 - $100,000
[ ] $100,001 - $1,000,000 [ ] Over $1,000,000

NATURE OF INVESTMENT
[X] Stock [ ] Other _____ (Describe)
[ ] Partnership ○ Income of $0 - $500
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 09 ACQUIRED 1 / 2 / 09 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of $0 - $500
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of $0 - $500
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of $0 - $500
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of $0 - $500
○ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

Comments: _____

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

▶ 1. BUSINESS ENTITY OR TRUST

Eng & Nishimura
Name

1055 W. Seventh Street #1780, Los Angeles, CA
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☒ Partnership ☐ _____ Other

YOUR BUSINESS POSITION 1% Partner

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

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

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

Chiyoda Integre of America; Los Angeles Unified School District; and Yamaya USA, Inc.

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

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

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

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 BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ 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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

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

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

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

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

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Mike Eng

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Bass for Assembly
ADDRESS (Business Address Acceptable): 777 S. Figueroa St., Suite 4050, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 09	$ 72.51	Jacket
1 / 8 / 09	$ 11.95	Breakfast
/ /	$	

▶ NAME OF SOURCE: California Democratic Party
ADDRESS (Business Address Acceptable): 1401 21st Street, Suite 200, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 09	$ 73.27	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Feld Entertainment
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Tickets transferred to staffer, Julio Martinez

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 27 / 09	$ 80.00	Circus Tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE: California Tribal Business Alliance
ADDRESS (Business Address Acceptable): 1530 J Street, Suite 250, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 09	$ 88.77	Back-to-Session Event
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Alameda Corridor East Construction Authority
ADDRESS (Business Address Acceptable): 4900 Rivergrade Road, Suite A120, Irwindale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 15 / 09	$ 69.76	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Asian Pacific Youth Leadership Project
ADDRESS (Business Address Acceptable): P.O. Box 22423, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 11 / 09	$ 65.00	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Mike Eng

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Asian Rehabilitation Servcies
ADDRESS (Business Address Acceptable)
1701 E. Washington Blvd., Los Angeles, CA 90021
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 09	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
L.A. County Asian American Employee Assoc.
ADDRESS (Business Address Acceptable)
P.O. Box 86334, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 29 / 09	$ 30.00	Dinner
1 / 29 / 09	$ 30.54	Money clip
/ /	$	

► NAME OF SOURCE
Thomas & Dorothy Leavy Center for Study of L.A.
ADDRESS (Business Address Acceptable)
1 LMU Drive, Suite 4112, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 5 / 09	$ 100.00	Book
/ /	$	
/ /	$	

► NAME OF SOURCE
M. Janet Chin Foundation
ADDRESS (Business Address Acceptable)
3158 N. Gladys Ave., Rosemead, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 12 / 09	$ 50.00	Painting
/ /	$	
/ /	$	

► NAME OF SOURCE
San Gabriel Valley Economic Partnership
ADDRESS (Business Address Acceptable)
4900 Rivergrade Rd., Suite A310, Irwindale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 09	$ 35.00	Legislative Reception
3 / 20 / 09	$ 65.00	Lunch
/ /	$	

► NAME OF SOURCE
San Gabriel Valley Public Affairs Network
ADDRESS (Business Address Acceptable)
PO Box 4993, San Dimas, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 8 / 09	$ 50.00	Luncheon
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Mike Eng

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Valley Industry & Commerce Assoc.
ADDRESS (Business Address Acceptable): 5121 Van Nuys Blvd., Suite 203, Sherman Oaks, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 27 / 09	$ 100.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: League of California Cities
ADDRESS (Business Address Acceptable): 1400 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 5 / 09	$ 32.36	Dinner
4 / 15 / 09	$ 29.85	Reception
/ /	$	

▶ NAME OF SOURCE: The Port of Los Angeles
ADDRESS (Business Address Acceptable): P.O. Box 151, San Pedro, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 1 / 09	$ 56.10	Pin, cap, picture &
/ /	$	drink.
/ /	$	

▶ NAME OF SOURCE: Youth Science Center
ADDRESS (Business Address Acceptable): 16949 Wedgeworth Dr., Hacienda Heights, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 6 / 09	$ 50.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Organization of Chinese Americans - GLA
ADDRESS (Business Address Acceptable): 1145 WILSHIRE BLVD, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 2 / 09	$ 40.00	DINNER
11 / 9 / 09	$ 21.99	BOOK
/ /	$	

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

Comments:

RECEIVED

APR 6 2010

BY: [illegible]

EB

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

1. BUSINESS ENTITY OR TRUST

Name: Eng & Nishimura

Address (Business Address Acceptable): 1055 W. Seventh Street #1780, Los Angeles, CA

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Immigration Law Firm

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

IF APPLICABLE, LIST DATE
ACQUIRED: __/__/09 DISPOSED: __/__/09

NATURE OF INVESTMENT: ☐ Sole Proprietorship ☒ Partnership ☐ ____ Other

YOUR BUSINESS POSITION: 1% partner

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

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

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

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

Check one box.

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address of Assessor's Parcel Number of Real Property

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

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

IF APPLICABLE, LIST DATE
ACQUIRED: __/__/09 DISPOSED: __/__/09

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

2010 APR -5 PM 1:50

Comments: ____

Verification

Print Name: Mike Eng

Office, Agency or Court: California State Assembly

Statement Type: ☒ 2009/2010 Annual ☐ ____ (yr) 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: 4/5/10 (month, day, year)

Signature: [redacted]

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
Bass for Assembly
ADDRESS (Business Address Acceptable)
777 S. Figueroa St., Ste. 4050, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assemblymember

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 09	$ 72.51	Jacket
1 / 8 / 09	$ 11.95	Breakfast
/ /	$	

► NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street, Ste. 200, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 09	$ 73.27	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Feld Entertainment
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment - tickets given to staffer, Julio Martinez

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 27 / 09	$ 80.00	Circus Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
California Tribal Business Alliance
ADDRESS (Business Address Acceptable)
1530 J Street, Ste. 250, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 14 / 09	$ 88.77	Back-to-Session Event
/ /	$	
/ /	$	

► NAME OF SOURCE
Alameda Corridor East Construction Authority
ADDRESS (Business Address Acceptable)
4900 Rivergrade Road, Ste. A120, Irwindale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation/Goods Movement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 15 / 09	$ 69.76	Dinner
/ /	$	
/ /	$	

Verification

Print Name Mike Eng

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ ____ Annual (yr) ☐ 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 4/5/10 (month, day, year)

Signature [redacted]

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

NAME OF SOURCE
Asian Rehabilitation Services
ADDRESS (Business Address Acceptable)
1701 E. Washington Blvd., Los Angeles, CA 90021
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rehabilitation for individuals with disabilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 09	$ 50.00	Dinner
/ /	$	
/ /	$	

NAME OF SOURCE
L.A. County Asian American Employee Assoc.
ADDRESS (Business Address Acceptable)
P.O. Box 86334, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 29 / 09	$ 30.00	Dinner
1 / 29 / 09	$ 30.54	Money clip
/ /	$	

NAME OF SOURCE
Thomas & Dorothy Leavy Center for Study of L.A.
ADDRESS (Business Address Acceptable)
1 LMU Drive, Ste. 4112, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
University Research Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 5 / 09	$ 100.00	Book
/ /	$	
/ /	$	

NAME OF SOURCE
M. Janet Chin Foundation
ADDRESS (Business Address Acceptable)
3158 N. Gladys Ave., Rosemead, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 12 / 09	$ 50.00	Painting
/ /	$	
/ /	$	

NAME OF SOURCE
San Gabriel Valley Economic Partnership
ADDRESS (Business Address Acceptable)
4900 Rivergrade Rd., Suite A310, Irwindale, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 09	$ 35.00	Legislative reception
3 / 20 / 09	$ 65.00	Lunch
	$	

Verification

Print Name: Mike Eng

Office, Agency or Court: California State Assembly

Statement Type: [X] 2009/2010 Annual [ ] Assuming [ ] Leaving [ ] ____ Annual (yr) [ ] 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: 4/5/10 (month, day, year)

Signature: [redacted]

Comments:

E8

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

▶ NAME OF SOURCE
Asian Pacific Youth Leadership Project
ADDRESS (Business Address Acceptable)
P.O. Box 22423, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth Leadership Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 11 / 09	$ 65.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
San Gabriel Valley Public Affairs Network
ADDRESS (Business Address Acceptable)
P.O. Box 4993, San Dimas, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 8 / 09	$ 50.00	Luncheon
/ /	$	
/ /	$	

▶ NAME OF SOURCE
Valley Industry & Commerce Assoc.
ADDRESS (Business Address Acceptable)
5121 Van Nuys Blvd., Ste. 203, Sherman Oaks, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 27 / 09	$ 100.00	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE
League of California Cities
ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Governments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 5 / 09	$ 32.36	Dinner
4 / 15 / 09	$ 29.85	Reception
/ /	$	

▶ NAME OF SOURCE
The Port of Los Angeles
ADDRESS (Business Address Acceptable)
P.O. Box 151, San Pedro, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 1 / 09	$ 56.10	Pin, cap, picture &
/ /	$	drink
/ /	$	

Verification

Print Name: Mike Eng

Office, Agency or Court: California State Assemblymember

Statement Type: ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ Annual (yr) ☐ 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: 4/5/10 (month, day, year)

Signature: [redacted]

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE
Youth Science Center
ADDRESS (Business Address Acceptable)
16949 Wedgeworth Dr., Hacienda Heights, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 6 / 09	$ 50.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE
Organization of Chinese Americans - Greater L.A.
ADDRESS (Business Address Acceptable)
1145 Wilshire Blvd., Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civil Rights

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 2 / 09	$ 40.00	Dinner
11 / 9 / 09	$ 21.99	Book
/ /	$	

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

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

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

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

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

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

Verification

Print Name Mike Eng

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ ____ Annual (yr) ☐ 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 4/5/10 (month, day, year)

Signature [redacted]

Comments: