

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

CALIFORNIA

FORM

497

For Official Use Only

2015 OCT 21 5:2

CITY OF WEST COVINA
CITY CLERK'S OFFICE

NAME OF FILER
Tony Wu For City Council 2015

AREA CODE/PHONE NUMBER
(626) 618-7099

ID. NUMBER (if applicable)
1376445

STREET ADDRESS
2929 East Cortez Street

CITY
West Covina

STATE
CA

ZIP CODE
91791

Date of This Filing
10/01/2015

Report No.
2

Amendment to Report No. _____
(explain below)

No. of Pages
1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/01/2015	Tony T. Wu 2929 East Cortez Street West Covina, CA 91791 This is a loan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Supreme Funding Corp.	10,000.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

***Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

FPPC Form 497 (March 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)