CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Official Use Only RECEIVED

COVER PAGE

| Please type or print in ink. A PUBL | IC DOCUMENT 2019 APR -2 PM 1: 30 |
|---|---|
| NAME OF FILER (LAST) (FIRST) | (MIDDLE) |
| | a - Sang CITY OF WEST COVINA |
| . Office, Agency, or Court | |
| Agency Name (Do not use acronyms) | |
| Division, Board, Department, District, if applicable | Your Position |
| Planny Commission | |
| ► If filing for multiple positions, list below or on an attachment. (Do not use | |
| 111 + 0 | |
| Agency: West Coving | Position: |
| Jurisdiction of Office (Check at least one box) | |
| ☐ State | Judge or Court Commissioner (Statewide Jurisdiction) |
| | □ County of |
| Multi-County City of 12est Covin C | Other |
| . Type of Statement (Check at least one box) | |
| Annual: The period covered is January 1, 2018, through December 31, 2018. | Leaving Office: Date Left/(Check one circle.) |
| The period covered is, through December 31, 2018. | The period covered is January 1, 2018, through the date of -or- |
| Assuming Office: Date assumed/ | O The period covered is/, through the date of leaving office. |
| Candidate: Date of Election and office sought, | if different than Part 1: |
| Schodulo Summary (must complete) . Total number | of moves including this power page. |
| Schedule Summary (must complete) ► Total number of Schedules attached | or pages including this cover page. |
| Schedule A-1 - Investments – schedule attached | Schedule C - Income, Loans, & Business Positions - schedule attached |
| 그리는 그 뉴프를 내려면 되어야 한다면 하는 것이 되었다. 그는 그리고 그리는 그런 그리고 있는 것이 없는 것이 되었다. 그는 그는 그는 그는 그를 모든 그리고 무료를 다 되었다. | Schedule D - Income - Gifts - schedule attached |
| ☐ Schedule B - Real Property – schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| A Name Ala reportable interests on any schodule | |
| or- None - No reportable interests on any schedule | |
| . Verification MAILING ADDRESS STREET CITY | STATE ZIP CODE |
| MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) | SIAIE |
| DAYTIME TELEPHONE NUMBER | ENAU ADDDECC |
| | |
| 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 | ved this statement and to the best of my knowledge the information contained his is a public document. |
| I certify under penalty of perjury under the laws of the State of Californi | |
| Data Signad 1-15-16 | |
| Date Signed Signormal | gnatur |