

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

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CITY OF WEST COVINA  
CITY CLERK'S OFFICE

Page 1 of 5  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

Statement covers period  
from January 1, 2019  
through June 30, 2019

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored (Also Complete Part 5)
  - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Tony Wu for City Council 2018

I.D. NUMBER  
1402360

STREET ADDRESS (NO P.O. BOX)

CITY West Covina STATE CA ZIP CODE 91791 AREA CODE/PHONE 626-618-7099

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

CITY West Covina STATE CA ZIP CODE 91793 AREA CODE/PHONE 626-618-7099

OPTIONAL: FAX / E-MAIL ADDRESS  
wuforwestcovina@gmail.com

**Treasurer(s)**

NAME OF TREASURER

Stephany Luevano

MAILING ADDRESS

[REDACTED]

CITY La Puente STATE CA ZIP CODE 91746 AREA CODE/PHONE 626-377-0287

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/19 Date

Executed on 7/18/19 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**CALIFORNIA 460 FORM**

Page 2 of 5

**Recipient Committee Campaign Statement Cover Page — Part 2**

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

Tony Wu

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

West Covina City Council, District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_  
 West Covina, CA 91791

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

Amounts may be rounded  
to whole dollars.

**Campaign Disclosure Statement  
Summary Page**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Tony Wu for City Council 2018

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 250.00	\$ 250.00
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 250.00	\$ 250.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 250.00	\$ 250.00

1/1 through 6/30 7/1 to Date  
20. Contributions Received \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_

**Expenditures Made**

6. Payments Made.....	Schedule E, Line 4 \$ 0	\$ 0
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 0	\$ 0

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(if Subject to Voluntary Expenditure Limit)  
Date of Election \_\_\_\_\_ Total to Date \_\_\_\_\_  
(mm/dd/yyyy) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Current Cash Statement**

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 3280.57
13. Cash Receipts.....	Column A, Line 3 above 250.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above 3530.57
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**17. LOAN GUARANTEES RECEIVED.....**

Schedule B, Part 2 \$ 0
<b>Cash Equivalents and Outstanding Debts</b>
18. Cash Equivalents..... See instructions on reverse \$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ 0



**Schedule B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

**CALIFORNIA 460  
FORM**

Statement covers period from January 1, 2019 through June 30, 2019

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Tony Wu for City Council 2018  
I.D. NUMBER 1402360

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% RATE	\$	\$
Tony T. Wu 2929 East Cortez Street West Covina, CA 91791 <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.	\$ 2500.00	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 2500.00	% RATE	\$ 2500.00 2/26/18 DATE INCURRED	\$ PER ELECTION** \$
Tony T. Wu 2929 East Cortez Street West Covina, CA 91791 <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.	\$ 7500.00	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 7500.00	% RATE	\$ 7500.00 7/25/18 DATE INCURRED	\$ PER ELECTION** \$
Tony T. Wu 2929 East Cortez Street West Covina, CA 91791 <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.	\$ 5000.00	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 5000.00	% RATE	\$ 5000.00 10/22/18 DATE INCURRED	\$ PER ELECTION** \$
<b>SUBTOTALS</b>		\$	\$	\$	\$ 15000.00	\$	\$	\$

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.