

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

RECEIVED

2019 AUG -7 PM 3:09

CITY OF WEST COVINA

ALLEGES DECISION

Date Stamp

Statement covers period from September 23, 2018 through October 20, 2018

Date of election if applicable: (Month, Day, Year) November 6, 2018

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 6)
  - 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)
  - Add Schedule G
  - 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) [REDACTED]

CITY West Covina STATE CA ZIP CODE 91791 AREA CODE/PHONE [REDACTED]

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

CITY West Covina STATE CA ZIP CODE 91793 AREA CODE/PHONE [REDACTED]

OPTIONAL - FAX / E-MAIL ADDRESS [REDACTED]

NAME OF TREASURER Stephany Luevano

MAILING ADDRESS [REDACTED]

CITY La Puente STATE CA ZIP CODE 91746 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]

MAILING ADDRESS [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

OPTIONAL - FAX / E-MAIL ADDRESS [REDACTED]

### 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 7/22/2019 Date

Executed on 7/22/2019 Date

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

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

By [REDACTED] Assistant Treasurer

By [REDACTED] Proponent or Responsible Officer of Sponsor

By [REDACTED] Controlling Officerholder, Candidate, State Measure Proponent

By [REDACTED] Controlling Officerholder, Candidate, State Measure Proponent

PALEONTOLOGICAL  
PRACTICES COMMISSION

19 JUL 29 PM 4:17

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

**CALIFORNIA 460  
FORM**

Page 2 of 6

**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  
 [REDACTED] 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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

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



# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from September 23, 2018  
through October 20, 2018

**CALIFORNIA 460  
FORM**

Page 3 of 6

I.D. NUMBER  
1402360

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tony Wu for City Council 2018

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions..... Schedule A, Line 3	\$ 0	\$ 4260.00
2. Loans Received..... Schedule B, Line 3	0	10000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0	\$ 14260.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0	\$ 14260.00

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Expenditures Made</b>		
6. Payments Made..... Schedule E, Line 4	\$ 2020.67	\$ 11057.21
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2020.67	\$ 11057.21
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	\$ 2020.67	\$ 11057.21

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Current Cash Statement</b>		
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 5223.46	\$ 5223.46
13. Cash Receipts..... Column A, Line 3 above	0	0
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	2020.67	2020.67
15. Cash Payments..... Column A, Line 8 above	3202.79	3202.79
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 <i>if this is a termination statement, Line 16 must be zero.</i>	\$ 0	\$ 0

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

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

**CALIFORNIA 460  
FORM**

Statement covers period from September 23, 2018 through October 20, 2018

Page 4 of 6  
I.D. NUMBER  
1402360

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

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
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Tony T. Wu [REDACTED] 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	\$ 2500.00	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 2500.00 DATE DUE	% \$	\$ 2500.00 2/26/18 DATE INCURRED	\$ 10,000. PER ELECTION**
Tony T. Wu [REDACTED] 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	\$ 7500.00	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 7500.00 DATE DUE	% \$	\$ 7500.00 7/25/18 DATE INCURRED	\$ 10,000. PER ELECTION**
Tony T. Wu [REDACTED] West Covina, CA 91791 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% \$	\$ DATE INCURRED	\$ PER ELECTION**
<b>SUBTOTALS \$ 0 \$ 10,000 \$</b>							

(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.  
(May be a negative number)

†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.



# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

## CALIFORNIA 460 FORM

Statement covers period  
from September 23, 2018

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

1402360

Tony Wu for City Council 2018

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citi Card 388 Greenwich St. New York, NY 10013			credit card payment	2020.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 2020.67

### Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2020.67
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 2020.67

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Amounts may be rounded  
to whole dollars.

SCHEDULE G

**CALIFORNIA 460  
FORM**

Statement covers period  
from September 23, 2018  
through October 20, 2018

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1402360

Tony Wu for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Citi Card

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Press Print, Inc. 5085 Mission Hills Drive Banning, CA 92220	LIT			2020.67

Attach additional information on appropriately labeled continuation sheets.

TOTAL \* \$ 2020.67

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov