

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

HEMIG Sheena Sang

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

Planning Commission member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: West Covina Position: commissioner

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

- State
Multi-County
City of West Covina
Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
Leaving Office: Date Left
The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed
Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-15-2020 Signature