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Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signatu	Executed on
Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signatu	Executed on
Officer of Sponsor	BySignature of Contro	Executed on 1 19 2021
	State of California that the foregoing is true and c	certify under penalty of perjury under the laws of the State of California that the foregoing is true and continuous control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the State of California that the foregoing is true and control of the
attached schedules is true and complete.	reviewing this statement and to the best of my k	 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my k
		wuforwestcovina@gmail.com
OPTIONAL: FAX / E-MAIL ADDRESS	91/93	OPTIONAL: FAX / E-MAIL ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE	ZIP CODE AREA CODE/PHONE	
MAILING ADDRESS	91791 P.O. BOX	West Covina CA 91791 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
NAME OF ASSISTANT TREASURER, IF ANY	ZIP CODE AREA CODE/PHONE	
CITY STATE ZIP CODE AREA CODE/PHONE		STREET ADDRESS (NO P.O. BOX)
MAILING ADDRESS		
Stephany Luevano		Tony Wu for City Council 2018
NAME OF TREASURER		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Treasurer(s)	I.D. NUMBER	3. Committee Information
	☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sponsored Small Contributor Committee Small Contributor Committee Political Party/Central Committee
☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ (Also file a Form 410 Termination) ☐ Amendment (Explain below)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	
2. Type of Statement:		1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
Y CLEAR SOUTH	through December 31, 2020	SEE INSTRUCTIONS ON REVERSE
Date of election if applicable: 1021 JAN 21 AM 11: 03 For Official Use Only	Statement covers period D	
ORNIA Z		Recipient Committee Campaign Statement Cover Page

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

Page 2	CALIFORNI FORM
of 5	^A 460

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	Attach continuation sheets if necessary	mation sheet	tach consti	A#	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		R CANDIDA	NAME OF OFFICEHOLDER OR CANDIDATE	JAES NO	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER
SUPPORT	OFFICE SOUGHT OR HELD		R CANDIDA	NAME OF OFFICEHOLDER OR CANDIDATE			Commercial
SUPPORT	OFFICE SOUGHT OR HELD		R CANDIDA	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT	OFFICE SOUGHT OR HELD		R CANDIDA	NAME OF OFFICEHOLDER OR CANDIDATE		2	COMMITTEE ADDRESS
ames of	Candidate/Officeholder Committee List names of late(s) for which this committee is primarily formed.	Officeholde	didate/Cs) for which	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
		- interest			I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY			OFFICE SOUGHT OR HELD	tement: List any committees are primarily formed to receive idacy.	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.	Related Committees not included in this statem contributions or make exp
		OR PROPONE	ANDIDATE.	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	- 1	A A	
ent, if any.	officeholder, candidate, or state measure proponent, if any	andidate, or s	eholder, c	Identify the controlling office	TY STATE ZIP	AND STREET) O	RESIDENTIAL/BUSINESS A
SUPPORT OPPOSE	0 S	JURISDICTION	JURISE	BALLOT NO. OR LETTER	ICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) West Covina City Council, District 5	OFFICE SOUGHT OR HELD (INCLUDE LOC. West Covina City Council, District 5
				NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Tony Wu
	ittee	ure Commi	ot Meası	6. Primarily Formed Ballot Measure Committee	ftee	Officeholder or Candidate Controlled Committee	 Officeholder or Can

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

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FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)		\$ 0	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	only carry over the amounts from Lines 2, 7, and 9 (if any).	\$ 0	and Outstanding Debt
	previous period amounts. If this is the first report being filed for this calendar year,	s ()	If this is a termination statement, Line 16 must be zero.
	amounts in Column A may be negative figures that should be subtracted from	\$ 3430.57	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15
*Amounts in this section may be different from amounts reported in Column B.		50	13. Cash Receipts Column A. Line 3 above 14. Miscellaneous Increases to Cash Schedule I. Line 4 15. Cash Payments
45	To calculate Column B,	\$ <u>3480.57</u> 0	Irrent Cash Statement Beginning Cash Balance Previous
			11. ICIAE EXTENDITOREO MADE
-	\$ 0	\$ 50	TOTAL EVERNOLTIBES MADE
Date of Election Total to Date (mm/dd/yy)	0	0	Accrued Expenses (Unpaid Bills)Schedule F. Line 3 Nonmonetary Adii instment Schedule C. Line 3
 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 	\$ 0	0	SUBTOTAL CASH PAYMENTS
	0	0	Loans Made
Expenditure Limit Summary for State Candidates	\$ 50	\$ 50	Expenditures Made Schedule E Line 4
	\$ 0	\$ 0	TOTAL CONTRIBUTIONS RECEIVED
Received \$ \$ \$ 21. Expenditures		0	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3
1/1 through 6/30 7/1 to Date 20. Contributions	0	0	Loans Received
	\$ 0	6A CO	Monotony Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1402360			Tony Wu for City Council 2018
I.D. NUMBER		destruction	NAME OF FILER
December 31, 2020 Page 3 of 5	through De		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	Stateme from July 1	to whole dollars.	Summary Page

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Amounts may be rounded

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Schedule B - Part 1		to whole dollars.		Statement covers period	rs period	CALIFORNIA	* <u>460</u>
Loans Received				from July 1, 2020		FORM	100
SEE INSTRUCTIONS ON REVERSE				through December 31, 2020	<u>'</u>	Page 4	of 5
NAME OF FILER	TALL THE PROPERTY OF THE PROPE					I.D. NUMBER	
Tony Wu for City Council 2018					****	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 AM BALANCE RECEI BEGINNING THIS PERIOD	(b) (c) AMOUNT PAID RECEIVED THIS OR FORGIVEN PERIOD. THIS PERIOD.	AID OUTSTANDING VEN BALANCE AT OD* CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Tony T Wii	Owner		alva 🗀	2500.00	ę	2500.00	CALENDAR YEAR
1011/11. 17 14	Supreme Funding Corp.		G FORGIVEN		RATE	4/	PER ELECTION**
West Covina, CA 91/91		2500.00	69		چه ا	2/26/18	
TEN IND COM COTH PTY SCC				DATE DUE		DATE INCURRED	
ALCOHOLD TO THE PARTY OF THE PA			OIMS [))))	CALENDAR YEAR
Tony T. Wu	Owner		\$	<u>\$ 7500.00</u>	*	\$ 7500.00	
	Supreme Funding Corp.		☐ FORGIVEN	¥	RATE		PER ELECTION**
West Covina, CA 91791		7500.00	\$		8	7/25/18	\$
TEZ IND COM OTH PTY SCC		6		DATE DUE		DATEINCURRED	200000000000000000000000000000000000000
Tony T. Wu	Owner		\$ PAID	\$ 5000.00	8	\$ 5000.00	S CALENDAR YEAR
West Covina CA 91791	oubtenie randing corp.		☐ FORGIVEN	2	æ A E		PER ELECTION**
Trust Continue Carriers		5000.00	\$	1		10/22/18	S
TI IND □ COM □ OTH □ PTY □ SCC				DATE DUE		DATE INCURRED	
110000		SUBTOTALS \$	€	\$ 15000.00	45		

Schedule B Summary

	Ы		∴
(H	2. Loans paid or forgiven this period\$	(Total Column (b) plus unitemized loans of less than \$100.)	1. Loans received this period\$

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

(May be a negative number)

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

0

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

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

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Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers p	

from July 1, 2020 eriod

CALIFORNIA FORM SCHEDULE E 460

through December 31, 2020 Page. .D. NUMBER Ų

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Tony Wu for City Council 2018

LEG FND CVC CODES: civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign literature and mailings fundraising events candidate filing/ballot fees campaign consultants legal defense independent expenditure supporting/opposing others (explain)* If one of the following codes accurately describes the payment, you may enter the PHO PHO meetings and appearances member communications office expenses print ads phone banks professional services (legal, accounting) postage, delivery and messenger services polling and survey research petition circulating code. Otherwise, STR TR information technology costs (internet, e-mail) candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs

describe the payment.

0	SUBTOTAL \$ 0	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
and the state of t			
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

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

50

40 44

> 0 50