

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Statement covers period from <u>July 1, 2020</u> through <u>December 31, 2020</u>	Date of election if applicable: (Month, Day, Year) _____	Date Stamp RECEIVED JAN 21 AM 11:08 CITY OF WEST COVINA CITY CLERK'S OFFICE	CALIFORNIA FORM 460
			Page <u>1</u> of <u>5</u> For Official Use Only

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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled Sponsored (Also Complete Part 5)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Tony Wu for City Council 2018

I.D. NUMBER
1402360

Treasurer(s)

NAME OF TREASURER
Stephany Luevano

MAILING ADDRESS
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

West Covina CA 91791 [REDACTED]

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

West Covina CA 91793 [REDACTED]

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

MAILING ADDRESS
[REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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.

Attached schedules is true and complete. |

Executed on 1/19/2021 By _____
Date Date
Executed on 1/19/2021 By _____
Date Date
Executed on _____ By _____
Date Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officer/holder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officer/holder, Candidate, State Measure Proponent: [REDACTED]

Signature of Controlling Officer/holder, Candidate, State Measure Proponent: [REDACTED]

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

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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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"/> OPOSE
----------------------	--------------	--

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period from July 1, 2020 through December 31, 2020

Page 3 of 5

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

SUMMARY PAGE
CALIFORNIA FORM 460
I.D. NUMBER
1402360

Contributions Received

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

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 50	\$ 50
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 G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 50	\$ 0

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 3480.57	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).
13. Cash Receipts.....	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 50	
15. Cash Payments.....	Column A, Line 8 above 3430.57	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3430.57	

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2
\$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 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**

SCHEDULE B - PART 1

Statement covers period
from July 1, 2020
through December 31, 2020

Page 4 of 5

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

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tony T. Wu 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	%	\$ 2500.00 2/26/18	CALENDAR YEAR PER ELECTION**
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	%	\$ 7500.00 7/25/18	CALENDAR YEAR PER ELECTION**
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	%	\$ 5000.00 10/22/18	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		\$ 15000.00	\$	\$	\$ 15000.00	\$	\$	\$

(Enter (e) on Schedule E, Line 5)

- 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**

(May be a negative number)

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 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.

