

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/05/2022 10:24 AM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Wu Tony T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of West Covina

Division, Board, Department, District, if applicable

Your Position

City Council Member

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

Agency: SEE ATTACHED LIST Position:

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

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

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2021.  The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- 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: 8

Schedules attached

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(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 03/05/2022 10:24 AM  
(month, day, year)

Signature [Redacted]  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM</b>	<b>700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Tony Wu	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Southern CA Assn. of Governments		Policy Committee (CEHD)	SEE BELOW	Annual	01/01/21 - 12/31/21

DESCRIPTION OF JURISDICTION

**Agency:** Southern CA Assn. of Governments

**Jurisdiction Type:** Multi-county

**Description:** Multi-county Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Tony Wu

**▶ 1. BUSINESS ENTITY OR TRUST**

Supreme Funding Corporation  
Name  
4509 Temple City Blvd., Temple City, CA 91780  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Mortgage Lender

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/21                      \_\_\_\_\_/\_\_\_\_\_/21  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation  
 Other

YOUR BUSINESS POSITION Pres/CEO/Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

SUPREME INVESTMENT CORPORATION  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
4509 TEMPLE CITY BLVD., TEMPLE CITY, CA 91780

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/21                      \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Supreme Funding Corporation  
Name  
4509 Temple City Blvd., Temple City, CA 91780  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Mortgage Lender

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/21                      \_\_\_\_\_/\_\_\_\_\_/21  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     Corporation  
 Other

YOUR BUSINESS POSITION Pres/CEO/Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

SEE ATTACHED  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Real Estate Brokerage

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/21                      \_\_\_\_\_/\_\_\_\_\_/21  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining     Other Corporation

Check box if additional schedules reporting investments or real property are attached

**Comments:** No investments or interests held or leased by this entity.

**SCHEDULE A-2**

Attachment

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Tony Wu

**BUSINESS ENTITY OR TRUST : Supreme Funding Corporation**

<b>Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties</b>
Supreme Investment Corporation

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

Name  
Tony Wu

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**2929 E CORTEZ STREET**

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CITY  
**WEST COVINA, CA 91791**

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FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/21	____/____/21
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input checked="" type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST

Ownership/Deed of Trust                       Easement

Leasehold \_\_\_\_\_  \_\_\_\_\_

Yrs. remaining                      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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CITY

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FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		____/____/21	____/____/21
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST

Ownership/Deed of Trust                       Easement

Leasehold \_\_\_\_\_  \_\_\_\_\_

Yrs. remaining                      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE                      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE                      TERM (Months/Years)

\_\_\_\_\_ %       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**▶ 1. INCOME RECEIVED** **▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
SUPREME FUNDING CORPORATION

ADDRESS *(Business Address Acceptable)*  
4509 TEMPLE CITY BLVD., TEMPLE CITY, CA 91780

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
MORTGAGE LENDER

YOUR BUSINESS POSITION  
PRES/CEO/OWNER

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000             \$1,001 - \$10,000  
 \$10,001 - \$100,000        OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other DIVIDEND  
(Describe)

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000             \$1,001 - \$10,000  
 \$10,001 - \$100,000        OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS <i>(Business Address Acceptable)</i>	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ <small>Street address</small>	
_____	_____ <small>City</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ <small>(Describe)</small>	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

**Comments:** \_\_\_\_\_

**SCHEDULE D  
Income – Gifts**

Name

Tony Wu

▶ NAME OF SOURCE *(Not an Acronym)*  
Mayor Gordo, City of Pasadena  
 ADDRESS *(Business Address Acceptable)*  
Rose Bowl, Pasadena, CALIF  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
95th Annual AmericaFest Celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 04 / 21</u>	<u>\$ 500</u>	<u>Fireworks show and dinner</u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>
<u>  /  /  </u>	<u>\$ _____</u>	<u>  </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Tony Wu

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*  
6th Annual Leadership Retreat

ADDRESS *(Business Address Acceptable)*  
330 Cordova St., STE 158

CITY AND STATE  
Pasadena, CA 91101

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CALNET - program of APALF

DATE(S): 11 / 04 / 21 - 11 / 04 / 21 AMT: \$ 227  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description Welcome dinner

▶ If Gift, Provide Travel Destination Langham Hotel, Pasadena, CALIF

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_

CITY AND STATE  
 \_\_\_\_\_

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_