

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) HENLY (FIRST) SHEENA SANG (MIDDLE) RECEIVED 2022 APR 28 PM 4:54

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

West Covina
Division, Board, Department, District, if applicable

City of West Covina
City Clerk's Office
Planning Commission
Your Position

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

Agency: _____ 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 ____/____/____. 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: 2

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
(Business or Agency Address)

DAYTIME TELEPHONE NUMBER

I have read all instructions and information in preparing this statement. I have reviewed 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

Date Signed 4-28-22 (month, day, year)

Signature _____ (print with your filing official.)

Print

Clear