CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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RECEIVED RECEIVEL Please type or print in ink. NAME OF FILER (LAST) (FIRST) 2022 JUL 26 PM 4: 1. Office, Agency, or Court CITY OF WEST COVINA CITY CLERK'S OFFICE Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position ifu Council Member ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Position: _ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left ____ December 31, 2020. (Check one circle.) -or-O The period covered is January 1, 2020, through the date of The period covered is ___ leaving office. December 31, 2020. O The period covered is _______ through Assuming Office: Date assumed _ 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: Schedules attached Schedule C - income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STREET STATE ZID CODE I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge i certify under penalty of perjury under the laws of the State of Californ

Print

Date Signed

Clear

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

į	CALIFORNIA FORM
	FAIR POLITICAL PRACTICES COMMISSION
;	Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /20 / /20	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Y
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /20 / /20	, 00 , 00
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTUTY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//20//20	//20//20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	· -
Comments:	Was to the state of the state o

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

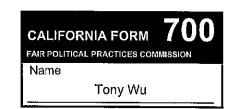
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Tony Wu

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Supreme Funding Corporation	Supreme Funding Corporation
Name	7
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Mortgage Lender	Mortgage Lender
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 / / 21 / / 21	\$0 - \$1,999 \$2,000 - \$10,000 / / 21 / / 21
\$2,000 - \$10,000	\$2,000 - \$10,000
× \$100,001 - \$1,000,000	X \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	NATURE OF INVESTMENT Corporation Corporation
	Partnership Sole Proprietorship X Corporation
YOUR BUSINESS POSITION Pres/CEO/Owner	YOUR BUSINESS POSITION Pres/CEO/Owner
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2, IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 X OVER \$100,000	\$500 - \$1,000 X OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
□ INVESTMENT	X INVESTMENT REAL PROPERTY
SUPREME INVESTMENT CORPORATION	SEE ATTACHED
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or
Assessor's Parcel Number of Street Address of Near Property	Assessor's Parcel Number or Street Address of Real Property Real Estate Brokerage
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property .	City or Other Precise Location of Reat Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000//21//21	\$10,001 - \$100,000//_21
\$1,00,001 - \$1,000,000 ACQUIRED DISPOSED X Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold X Other Corporation
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST: Supreme Funding Corporation

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

Supreme Investment Corporation

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Tony Wu

- ASSESS	SOR'S PARCEL NUMBI	R OR STREET ADDI	1600		ASSESSOR'S PARCEL NUMBE		
CITY				`	CITY		
				Ш			
	FAIR MARKET VALUE F APPLICABLE, LIST DATE: \$2,000 - \$10,000				FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		
	001 - \$100,000				\$10,001 - \$100,000		
	0,001 - \$1,000,000 r \$1,000,000	ACQUIRED	DISPOSED		\$100,001 - \$1,000,000 Over \$1,000,000	ACQUIRED	DISPOSED
NATUR	E OF INTEREST			- []	NATURE OF INTEREST		
X Own	ership/Deed of Trust	Easement			Ownership/Deed of Trust	Easement	
Le	asehold Yrs. remaining	<u> </u>	Olher	-	LeaseholdYrs. remaining		Other
IF REN	TAL PROPERTY, GRO	SS INCOME RECEIV	/ED		IF RENTAL PROPERTY, GROS	SS INCOME RECEIV	/ED
\$0 -	\$499	\$1,000	01 - \$10,000		\$0 - \$4 99	\$1,000 🔲 \$1,00	01 - \$10,000
\$10,	,001 - \$100,000	OVER \$100,000	1	Ш	\$10,001 - \$100,000	OVER \$100,000)
interest	DES OF RENTAL INCO t, list the name of ea t of \$10,000 or more	ich tenant that is a s		- 11	SOURCES OF RENTAL INCO interest, list the name of eac income of \$10,000 or more.	ch tenant that is a	
24	110			- 11	- Kalle	•	
				Ш			
busin	ess on terms ava	ilable to membe	rs of the publ	ic witho	ling institution made in ut regard to your officia must be disclosed as fo	ıl status. Persor	
busin loans	ess on terms ava	ilable to membe	rs of the publ	ic witho	ut regard to your officia	ıl status. Persor	
busin loans	ess on terms ava received not in a	nilable to membe n lender's regular	rs of the publ	ic witho	ut regard to your officia must be disclosed as fo	il status. Persoi ollows:	
busin loans NAME (ess on terms ava received not in a of LENDER*	nilable to membe a lender's regular Acceptable)	rs of the publ	ic witho	ut regard to your officia must be disclosed as fo NAME OF LENDER*	al status. Person billows:	
busine loans NAME G ADDRE BUSINE	ess on terms ava received not in a of LENDER*	nilable to membe a lender's regular Acceptable)	rs of the publ course of bu	ic witho	ut regard to your officia must be disclosed as fo NAME OF LENDER* ADDRESS (Business Address	al status. Person billows:	nal loans and
busine loans NAME G ADDRE BUSINE	ess on terms ava received not in a of LENDER* SS (Business Address ESS ACTIVITY, IF ANY	nilable to membe a lender's regular Acceptable) //, OF LENDER	rs of the publ course of bu	ic witho	ut regard to your officia must be disclosed as fo NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF AN	al status. Person pillows: s Acceptable) Y, OF LENDER	nal loans and
DUSINE NAME O ADDRE BUSINE	ess on terms avaireceived not in a of LENDER* SS (Business Address ESS ACTIVITY, IF ANY	nilable to membe lender's regular Acceptable) 7, OF LENDER TERM (Months	rs of the public course of bu	ic witho	nut regard to your official must be disclosed as for NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF AN INTEREST RATE	al status. Person pillows: s Acceptable) LY, OF LENDER	nal loans and
DUSING NAME OF ADDRE	ess on terms avaireceived not in a received not	nilable to membe lender's regular Acceptable) 7, OF LENDER TERM (Months	rs of the public course of bu	ic witho	ut regard to your official must be disclosed as for NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF AN INTEREST RATE HIGHEST BALANCE DURIN	al status. Person pillows: s Acceptable) LY, OF LENDER	nal loans and
DUSINE NAME O ADDRE BUSINE INTERE HIGHES	ess on terms avaireceived not in a received not set and received not in a received not set and r	Acceptable) Acceptable) TERM (Months	rs of the public course of bu	ic witho	ut regard to your official must be disclosed as for NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF AN INTEREST RATE HIGHEST BALANCE DURIN	Il status. Person pillows: s Acceptable) Y, OF LENDER TERM (Mor	nal loans and
busine loans NAME C ADDRE BUSINE INTERE HIGHES \$500	ess on terms avaireceived not in a received not set and received not in a received not set and r	Acceptable) Acceptable) TERM (Months) REPORTING PERIODS \$1,001 - \$10,000	rs of the public course of bu	ic witho	ut regard to your official must be disclosed as for NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF AN INTEREST RATE White Management None Highest Balance Durin	al status. Person pillows: S Acceptable) Y, OF LENDER TERM (Moralis REPORTING PER \$1,001 - \$10,000	nal loans and

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Tony Wu		

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SUPREME FUNDING CORPORATION	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MORTGAGE LENDER	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PRES/CEO/OWNER	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$1,000 - \$1,000 \$1,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 DVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, iist each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other DIVIDEND	Clher
(Describe)	(Describa)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of le lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	ZN.
\$1,001 - \$10,000	Cfty
\$10,001 - \$100,000	Guarantor
	_
OVER \$100,000	
	Other (Describe)
Comments:	Other(Describe)

SCHEDULE D Income - Gifts

NAME OF SOURC	E (Not an Acrony	rm)	► NAME OF SOURCE (Not an A	cronym)		
Mayor Gordo,	,			,,		
ADDRESS (Busines			ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
95th Annual A	-					
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
07 <u>/ 04 / 21</u>	_{\$} 500	Fireworks show and dinner	\$			
	\$		<i>J</i> \$			
	\$					
NAME OF SOURC	E (Not an Acron)	um)	► NAME OF SOURCE (Not an A	(eronym)		
ADDRESS (Busines	ss Address Accep	table)	ADDRESS (Business Address A	Acceptable)		
BUSINESS ACTIVI	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY	OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
	\$		\$			
	\$	-	\$			
	\$		/ \$			
NAME OF SOURCE	CE (Not an Acrony	ym)	► NAME OF SOURCE (Not an A	Acronym)		
ADDRESS (Busine	ss Address Accer	etable)	ADDRESS (Business Address A	Acceptable)		
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVITY, IF ANY	, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)		
	\$		\$			
//	\$		\$			
	\$		 			
Comments:						

SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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)n
NAME OF SOURCE (Not an Acronym) 6th Annual Leadership Retreat	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CALNET - program of APALF	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 04 / 21 11 / 04 / 21 AMT: \$ 227	DATE(S):/ AMT: \$
MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
X Other - Provide Description Welcome dinner	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S):/
MUST CHECK ONE: Gift -or- Income	➤ MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	11