

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.

RECEIVED

rease type or print in link.			•
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	2022 AUG -8 PM 3: 09
AUGINO	SUE	<u> </u>	
1. Office, Agency, or Court			CITY OF WEST COVINA CITY CLERK'S OFFICE
Agency Name (Do not use acronyms)	Couma	Caty -	
Division, Board, Department, District, If applicable	COVINA	Your Position	ev
Stroigh Social Separation, Significant		rodi i solitori	
► If filling for multiple positions, list below or on a	n attackment /Do not us	o paranuma)	
I ming for multiple positions, list below of on a	in attachment. (Do not us	acionynis)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least or	ne box)		
State	,	☐ Judge, Retired Judge, Pro Ten	Judge, or Court Commissioner
		(Statewide Jurisdiction)	
Multi-County County of			
Micity of West Cour	14	Other	·
B. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 2020, through		Leaving Office: Date Left/	
December 31, 2020.	-		one circle.)
The period covered is/	_/, through	 The period covered is Jar leaving office. -or- 	nuary 1, 2020, through the date of
Assuming Office: Date assumed		the date of leaving office.	
Candidate: Date of Election	8/20d Fice sought	if different than Part 1:	
Schedule Summary (must complete	Total number	of pages including this cover	page: 2/8%
Schedules attached	-, Protar nambor	or pages molacing the cover	- F
Schedule A-1 - Investments – schedule at	tached F	Schedule C - Income, Loans, & Busin	ness Positions – schedule attached
Schedule A-2 - Investments - schedule at		Schedule D - Income - Gifts - sched	
Schedule B - Real Property - schedule at		Schedule E - Income – Gifts – Travel	Payments - schedule attached
t		•	
or- None - No reportable interests or	n any schedule		
. Verification			
MAILING ADDRESS STREET (Busines	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
I have used all reasonable diligence in preparing th	nis statement. I have revis	wed this statement and to the best of my	knowledge the information contains
herein and in any attached schedules is true and			A MIDAMAGAS THA ILLIQUIISTION COURSING
I certify under penalty of perjury under the law	s of the State of Californ	nia tha t the foregoing is true and cor	rant
Λ			
Date Signed Aug 2. 20	22 s	ignatuı	r filling officiel.)