

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/15  
through 07/31/15

Date of election if applicable:  
(Month, Day, Year)  
4-08-14

Date Stamp  
**RECEIVED**  
Page 1 of 5  
15 AUG -3 A 11:13  
For Official Use Only  
CITY OF WALNUT  
CITY CLERK'S OFFICE

**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 6)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER 1296584

Mary Su for WCC 2014

STREET ADDRESS (NO P.O. BOX) 19931 Hidden Springs Road  
CITY Walnut STATE CA ZIP CODE 91789 AREA CODE/PHONE 909-578-8222  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER L-LAN YEH Tsai (Joyce Tsai)

MAILING ADDRESS 19931 Hidden Springs Road  
CITY Walnut STATE CA ZIP CODE 91789 AREA CODE/PHONE 909-578-5799  
NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-3-15 Date  
Executed on 8-3-15 Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE: Mary Sufco WC 2014  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Walnut City Council member  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): 19931 Hidden Springs Walnut 91289 CITY: STATE: ZIP:

**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
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
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: \_\_\_\_\_  
 SUPPORT  OPPOSE

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 1-1-15  
through 7-31-15

Page 3 of 5

CALIFORNIA FORM **460**

I.D. NUMBER  
1296584

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>0</u>	\$ <u>132,921.88</u>
2. Loans Received .....	Schedule B, Line 3 \$ <u>0</u>	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>0</u>	\$ <u>132,921.88</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ <u>0</u>	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>132,921.88</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>1783</u>	\$ <u>105,165.30</u>
7. Loans Made .....	Schedule H, Line 3 \$ <u>0</u>	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>1783</u>	\$ <u>105,165.30</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ <u>0</u>	
10. Nonmonetary Adjustment .....	Schedule G, Line 3 \$ <u>0</u>	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>1783</u>	\$ <u>105,165.30</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>32,367.64</u>	
13. Cash Receipts .....	Column A, Line 3 above \$ <u>1783</u>	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>1783.08</u>	
15. Cash Payments .....	Column A, Line 8 above \$ <u>30,984.64</u>	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>30,984.64</u>	

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

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

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ _____	1/1 through 6/30	\$ _____	7/1 to Date
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.

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).

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Mary Su for WCC 2014

Statement covers period  
from 1-1-15  
through 7-31-15

Page 4 of 5  
I.D. NUMBER 1298584

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sophia Tse for Cerritos City Council	CTB		Contribution	499
16810 Haverstar, Cerritos, 2015 Yan Qian	WEB		Domain's service for Nanyangforhalan	450
4075 Hubbard St for US Foundation 1830 S. Nagales Street Kuland Herd's CA 91748	CVC		Civic donation	435
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 634

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals) ..... \$
- Unitemized payments made this period of under \$100 ..... \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 178300**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT')

Statement covers period  
from 1-1-15  
through 7-31-15

CALIFORNIA  
FORM 460

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

1276584

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- GMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Family Keeper 20672 Carrey Road Walnut, CA 97809	CVC		Civic donation	\$300-
WSC Newspaper Edition 620 Mc Carthy Way - PSX Los Angeles, CA 90089	MTG		meeting expenses	\$50-
Blers ant wisdom foundation 3209 producers way Pismo Ca	CVC		civic donation	\$400-
Bryan uties for state assembly 5870 melrose ave. suite 302 Los Angeles, CA 90038	CTB		contribution	\$79
united whain & taxpayer	CVC		civic donation	\$300-

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1149