

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
<p>RECEIVED 16 FEB -2 P 2:07</p>	Page <u>1</u> of <u>7</u>
	For Official Use Only

Statement covers period from <u>8/1/15</u> through <u>12/31/15</u>	Date of election if applicable: (Month, Day, Year) <u>4/08/14</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

CITY OF WALNUT
CITY CLERKS OFFICE

3. Committee Information

I.D. NUMBER 1276584

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mary Sul for WCC 2014

STREET ADDRESS (NO P.O. BOX)
19931 Hidden Spring Road

CITY STATE ZIP CODE AREA CODE/PHONE
Walnut CA 91789

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) Shang Tang Hsia

NAME OF TREASURER
Shang Tang Hsia

MAILING ADDRESS
19931 Hidden Spring Road

CITY STATE ZIP CODE AREA CODE/PHONE
Walnut CA 91789

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 2/1/15
Date

Executed on 2/1/15
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

MARY SH FOR WCC 2014

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

WALNUT CITY COUNCILMEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

19931 Hidden Spring Walnut CA 91709

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?

YES 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?

YES 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 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 <u>8/1/15</u> through <u>12/31/15</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>7</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Sue for WCC 2014

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>

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>3893.65</u>	\$ <u>106,948.30</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3893.65</u>	\$ <u>106,948.30</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>3893.65</u>	\$ <u>106,948.30</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>30984.64</u>
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>27090.99</u>

If this is a termination statement, Line 16 must be zero.

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).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____
---	----------

Cash Equivalents and Outstanding Debts

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

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from <u>8/1/15</u> through <u>12/31/15</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Sullivan for WCC 2014

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

- | | | |
|--|--|--|
| <input type="checkbox"/> CMP campaign paraphernalia/misc. | <input type="checkbox"/> MBR member communications | <input type="checkbox"/> RAD radio airtime and production costs |
| <input type="checkbox"/> CNS campaign consultants | <input type="checkbox"/> MTG meetings and appearances | <input type="checkbox"/> RFD returned contributions |
| <input type="checkbox"/> CTB contribution (explain nonmonetary)* | <input type="checkbox"/> OFC office expenses | <input type="checkbox"/> SAL campaign workers' salaries |
| <input type="checkbox"/> CVC civic donations | <input type="checkbox"/> PET petition circulating | <input type="checkbox"/> TEL t.v. or cable airtime and production costs |
| <input type="checkbox"/> FIL candidate filing/ballot fees | <input type="checkbox"/> PHO phone banks | <input type="checkbox"/> TRC candidate travel, lodging, and meals |
| <input type="checkbox"/> fundraising events | <input type="checkbox"/> POL polling and survey research | <input type="checkbox"/> TRS staff/spouse travel, lodging, and meals |
| <input type="checkbox"/> independent expenditure supporting/opposing others (explain)* | <input type="checkbox"/> POS postage, delivery and messenger services | <input type="checkbox"/> TSF transfer between committees of the same candidate/sponsor |
| <input type="checkbox"/> LEG legal defense | <input type="checkbox"/> PRO professional services (legal, accounting) | <input type="checkbox"/> VOT voter registration |
| <input type="checkbox"/> LIT campaign literature and mailings | <input type="checkbox"/> PRT print ads | <input type="checkbox"/> 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
<u>Xiao Fei Guo 21201 Sandance St. Walnut CA 91789</u>	<u>MTG</u>	<u>meetings</u>	<u>\$ 345.65</u>
<u>Secretary of State PO Box 1467 Sacramento, CA 95812</u>	<u>cmp</u>	<u>Fees for Secretary of State</u>	<u>\$ 200.</u>
<u>Judy Chu for Congress 531 Purdue Ave LA, CA 90025</u>	<u>CTB</u>	<u>Contribution</u>	<u>\$ 150</u>

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

SUBTOTAL \$ 695.65

Schedule E Summary

- | | |
|--|--------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ _____ |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>3093.65</u> |

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

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Sue for WCC 2014

I.D. NUMBER

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| 3 independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 3 legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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
<i>Curt Hagman for SB County Supervisor 12223 Highland Ave. Rancho Cucamonga, CA 91739 2018</i>	<i>CTB</i>	<i>Contribution</i>	<i>\$500</i>
<i>URIAS for Assembly 2016 206 Allie Drive Noroto, CA 94949</i>	<i>CTB</i>	<i>contribution</i>	<i>\$750</i>
<i>Walnut High School Men's Basketball Pier Road Walnut, CA 91789</i>	<i>CVC</i>	<i>Civic donation</i>	<i>\$500</i>
<i>Ruth Low for City Council 2015 PO Box 5642, DB, CA 91765</i>	<i>CTB</i>	<i>contribution</i>	<i>\$99</i>
<i>Larry Redinger for School Board 23999 Gold Nugget Ave D.B. CA 91765</i>	<i>CTB</i>	<i>contribution</i>	<i>\$100</i>

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

SUBTOTAL \$ 1949

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

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mary Su for WCC 2014

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LDG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| MLT campaign literature and mailings | PRT print ads | 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
Youth Science Center 17063 Wedgeworth Dr Hacienda Heights, CA 91245	CVC	civic donation	\$ 50
United Walnut Taxpayers PO Box 1665, Walnut CA 91789	CVC	civic donation	\$ 300
Peter Chen for City Council 2014	CTB	Contribution	\$ 99
Secretary of State PO Box 1460 Sacramento, CA 95812	CMP	Fees for Secretary of State	\$ 150
Secretary of State PO Box 1460 Sacramento, CA 95812	CMP	Fees for Secretary of State	\$ 50

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

SUBTOTAL \$ 649

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mary Su for WCC 2014

Statement covers period
from _____
through _____

Page 2 of 2
ID. NUMBER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Walnut Education Foundation	CVC		Civic donation	\$ 300
PO Box Walnut				
Walnut Valley Women's Club				
PO Box 563 Walnut, CA 91789	CVC		Civic donation	\$ 100
SUBTOTAL \$				600

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