

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Allen Wu WCC 2018		Date of This Filing 9/25/2018	Date Stamp RECEIVED 18 SEP 25 P 5:16 CITY OF WALNUT CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-833-3153	I.D. NUMBER (if applicable) 1409276	Report No. _____		
STREET ADDRESS 915 MONICA WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Walnut	STATE CA	ZIP CODE 91789	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/21/2018	Chia-Yu Teng 22379 Kickin' Horse Dr. Diamond Bar CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Advance Health Care	<input type="checkbox"/> Check if Loan _____% Provide interest rate
9/21/2018	Michelle Lee 19726 Arbor Ridge Dr. Walnut CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Concourse Diagnostic Group	<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

****Contributor Codes**

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____