

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

RECEIVED

Date Stamp

14 APR - 3 A 11 54

Date of election if applicable:

(Month, Day, Year)

04/08/14

Statement covers period

from 04/02/14

through

SEE INSTRUCTIONS ON REVERSE

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 Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
 PG12, PG16, PG20, PG22, PG26

Checks returned

3. Committee Information

I.D. NUMBER
1276584

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MARY SU FOR WCC 2014

Treasurer(s)

NAME OF TREASURER

I-LAN YEH TSAI (JOYCE TSAI)

MAILING ADDRESS

22133 POMMEL COURT

STREET ADDRESS (NO P.O. BOX)

19331 HIDDEN SPRING ROAD

CITY

WALNUT

STATE CA

ZIP CODE 91789

AREA CODE/PHONE (909) 631-1597

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY

WALNUT

STATE CA

ZIP CODE 91789

AREA CODE/PHONE (909) 598-5999

OPTIONAL: FAX / E-MAIL ADDRESS

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 4-2-14 Date
 Executed on 4-2-14 Date
 Executed on _____ Date
 Executed on _____ Date

By I-Lan Yeh Tsai
 Signature of Treasurer or Assistant Treasurer

By _____
 Signature of Controlling Officerholder, Candidate, State Measure Proponent/Responsible Officer or Sponsor

By _____
 Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____
 Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MARY SU FOR WCC 2014

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
WALNUT CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
19931 HIDDEN SPRING RD. WALNUT CA 91789

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
04/02/14

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FORM **460**

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

MARY SU FOR WCC 2014

I.D. NUMBER

1276584

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$	\$ 128,529.00
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$	\$ 128,529.00
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$	\$ 128,529.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$	\$ 81,060.54
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	\$ 81,060.54
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	
10. Nonmonetary Adjustment	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$	\$ 81,060.54

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$	52,994.52
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	2,298.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	50,696.52

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

17. LOAN GUARANTEES RECEIVED

.....	Schedule B, Part 2	\$
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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	\$	7/1 to Date
21. Expenditures Made	\$	1/1 through 6/30

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	_____ / _____ / _____ \$
	_____ / _____ / _____ \$

*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.

Statement covers period
from 04/02/14
through _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MARY SU FOR WCC 2014

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

CMP 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
NOTYH-EAST OVERSEAS CHINESE FRIENDSHIP 123 E VALLEY BLVD STE 107 SAN GABRIEL, CA 91776	RFD		RETURNED CONTRIBUTIONS	\$100.00
USA BENIJING ASSOCIATION 24238 DELTA DR. DIAMOND BAR, CA 91765	RFD		RETURNED CONTRIBUTIONS	\$500.00
UNITED ABACUS ARITHMETIC ASSOCIATION 3209 S BREA CANYON RD, STE E DIAMOND BAR, CA 91765	RFD		RETURNED CONTRIBUTIONS	\$198.00

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

SUBTOTAL \$ 798.00

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 \$ 2,298.00**

