

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Allen Wu WCC 2018</i>		Date of This Filing <i>8/31/2018</i>	Date Stamp RECEIVED CALIFORNIA FORM 497 For Official Use Only 18 SEP -4 P 2:17 CITY OF WALNUT CITY CLERKS OFFICE
AREA CODE/PHONE NUMBER <i>626-833-3153</i>	I.D. NUMBER (if applicable) <i>1409276</i>	Report No. <i>1</i>	
STREET ADDRESS <i>915 MONICA WAY</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <i>Walnut</i>	STATE <i>CA</i>	ZIP CODE <i>91785</i>	No. of Pages <i>1 of 3</i>

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>8/30/2018</i>	<i>Theresa Lee 22379 Kicking Horse, Diamond Bar, CA 91765</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Self-Employed TRK Customer Service Inc</i>	<i>\$1000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/30/2018</i>	<i>Howard Chen 318 N Garfield Ave., Monterey Park CA 91754</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Self-Employed Howard Chen DDS</i>	<i>\$1000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/30/2018</i>	<i>Linda Liu 19868 Smoke Tree Place Walnut CA 91785</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Housewife</i>	<i>\$1000.-</i> <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: _____

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NAME OF FILER <i>Allen Wu WCC 2018</i>		Date of This Filing <i>8/31/2018</i>	Date Stamp RECEIVED 18 SEP -4 P 2:18 CITY OF WALNUT CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>626-833-3157</i>	I.D. NUMBER (if applicable) <i>1409276</i>	Report No. <i>1</i>		
STREET ADDRESS <i>915 MONICA WAY</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Walnut</i>	STATE <i>CA</i>	ZIP CODE <i>91789</i>	No. of Pages <i>2 of 3</i>	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<i>8/31/2018</i>	<i>Shi Li 19618 Mulberry Dr. Walnut CA 91787</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>\$1,000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/31/2018</i>	<i>1706-10 Plum Lane LLC 650 Camino De Gloria Walnut CA 91789</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$1,000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/31/2018</i>	<i>Xia Wang 1451 Olite Drive Eastvale CA 92880</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Manager Great Investment Consultant</i>	<i>\$1,000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER <i>Allen WCC 2018</i>		Date of This Filing <i>8/21/2018</i>	Date Stamp RECEIVED 18 SEP -4 P 2:18 CITY OF WALNUT CITY CLERKS OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>626 833 3153</i>	I.D. NUMBER (if applicable) <i>1409276</i>	Report No. <i>1</i>		
STREET ADDRESS <i>915 MONICA WAY</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Walnut</i>	STATE	ZIP CODE	No. of Pages <i>3 of 3</i>	

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
<i>8/21/2018</i>	<i>Wilma Lin 17700 Castleton Street City of Industry CA 91748</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Manager, Vin Lin Law Office</i>	<i>\$1000.-</i> <input type="checkbox"/> Check if Loan _____% Provide interest rate
<i>8/21/2018</i>	<i>Lynn Chao 20501 Fuerte Dr. Walnut CA 91789</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Attorney at Law, Lynn Chao Office</i>	<i>\$1000.-</i> <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

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