

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2013  
through 12/31/2013

Date of election if applicable:  
(Month, Day, Year)

Date Stamp  
**RECEIVED**  
CITY OF WALNUT  
CITY CLERKS OFFICE  
14 JAN 15 P 2:08  
Page 1 of 4  
CALIFORNIA FORM 460  
For Official Use Only

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

- Officerholder, 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/Officerholder 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):  
**ERIC CHING FOR WALNUT CITY COUNCIL 2012**

I.D. NUMBER  
**1344120**

**Treasurer(s)**

NAME OF TREASURER  
**SHIUH-MING ELLIS**

MAILING ADDRESS  
**20841 APACHE WAY**

CITY  
**WALNUT**

STATE  
**CA**

ZIP CODE  
**91789**

AREA CODE/PHONE  
**(909) 598-5034**

STREET ADDRESS (NO P.O. BOX)  
**22077 EAST SNOW CREEK DR.**

CITY  
**WALNUT**

STATE  
**CA**

ZIP CODE  
**91789**

AREA CODE/PHONE  
**(626) 926-1988**

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 01/10/2014  
Date

Executed on 01/10/2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By *Shiu-Ming Ellis*  
Signature of Treasurer/Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proposer/Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proposer

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proposer

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**ERIC CHING FOR WALNUT CITY COUNCIL 2012**

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**22077 EAST SNOW CREEK DRIVE 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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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 07/01/2013 through 12/31/2013	CALIFORNIA FORM 460
Page 3 of 4	I.D. NUMBER 1344120

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
ERIC CHING FOR WALNUT CITY COUNCIL 2012

## Contributions Received

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

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$	26.94	\$	26.94
7. Loans Made	Schedule H, Line 3			
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	26.94	\$	26.94
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3			
10. Nonmonetary Adjustment	Schedule G, Line 3			
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$	26.94	\$	26.94

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	2,464.04
13. Cash Receipts	Column A, Line 3 above		
14. Miscellaneous Increases to Cash	Schedule I, Line 4		26.94
15. Cash Payments	Column A, Line 8 above		2,437.10
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,437.10

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

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	\$	

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).

## 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.

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 ERIC CHING FOR WALNUT CITY COUNCIL 2012

Statement covers period  
 from 07/01/2013  
 through 12/31/2013

Page 4 of 4

CALIFORNIA  
 FORM  
**460**

I.D. NUMBER  
 1344120

SCHEDULED

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>						

- Schedule D Summary**
- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ \_\_\_\_\_
  - Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ \_\_\_\_\_
  - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** \_\_\_\_\_