

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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Please type or print in ink.

11 APR -4 PM 3:40

11 MAR 28 P 5:53

NAME OF FILER (LAST) (FIRST) (MIDDLE)

SU MARY CITY OF WALNUT

1. Office, Agency, or Court

CITY OF WALNUT
CITY CLERKS OFFICE

Agency Name

CITY OF WALNUT

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

WALNUT IMPROVEMENT AGENCY/HOUSING AUTHORITY/

Agency: PUBLIC FINANCING AUTHORITY Position: AGENCY/AUTHORITY MEMBER

2. Jurisdiction of Office (Check at least one box)

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of WALNUT Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is ____/____/____, through December 31, 2010.
- Assuming Office: Date ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2010, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or • one •

► Total number of pages including this cover page: 7

- Schedule A-1 - Investments schedule attached
- Schedule A-2 - Investments schedule attached
- Schedule B - Real Property schedule attached
- Schedule C - Income, Loans, & Business Positions schedule attached
- Schedule D - Income - Gifts schedule attached
- Schedule E - Income - Gifts - Travel Payments schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/21/2011 (month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

MARY SU

NAME OF BUSINESS ENTITY
Vertex Pharmaceuticals Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income Gifts

▶ NAME OF SOURCE
Lynn chao
 ADDRESS (Business Address Acceptable)
650 Camino De gloria
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Walnut CA 91789

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 100</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Michelle Hsiao
 ADDRESS (Business Address Acceptable)
140 Commerce Way Walnut, CA 91789
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 50</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Johnny & Joyce Tsai
 ADDRESS (Business Address Acceptable)
4602 E BRICKELL Street Ontario
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 100</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Joseph Su
 ADDRESS (Business Address Acceptable)
8525 Valley Blvd Rosemead CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 50</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
David & Virginia Yu
 ADDRESS (Business Address Acceptable)
2805 S. Reservoir Street Pomona.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 120</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Gary Long
 ADDRESS (Business Address Acceptable)
1970 Holt Ave Pomona, CA 91768
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>28,04,10</u>	<u>\$ 60</u>	<u>flower</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income Gifts

▶ NAME OF SOURCE
Andy Zhang
 ADDRESS (Business Address Acceptable)
311 Amberwood Dr Walnut CA 91799
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/28/10	\$ 100	flower
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE
Christine & Rex Wang
 ADDRESS (Business Address Acceptable)
1045 E. Valley Blvd. #108 San Gabriel, CA 91776
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/05/10	\$ 80	flower
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE
Juliette Zhang
 ADDRESS (Business Address Acceptable)
1990 S Bundy Dr Suite 850, Los Angeles CA 90025
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/05/10	\$ 100	flower
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE
Valley Vista
 ADDRESS (Business Address Acceptable)
17445 E Railroad Street Industry CA 91705
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
15/05/10	\$ 100	dinner
15/05/10	\$ 30	gift
___/___/___	\$	

▶ NAME OF SOURCE
Harry Lee
 ADDRESS (Business Address Acceptable)
1744 S. Nagole Street Rowland Heights CA 91768
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/05/10	\$ 80	flower
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE
EDI MEDIA INC
 ADDRESS (Business Address Acceptable)
719 N Sunset Ave West Covina CA 91790
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/01/10	\$ 110	gift
___/___/___	\$	
___/___/___	\$	

Comments: _____

SCHEDULE D
Income Gifts

▶ NAME OF SOURCE
Cheng Chen Kung
 ADDRESS (Business Address Acceptable)
3731 Wilshire Blvd suite 700
 BUSINESS ACTIVITY, IF ANY, OF SOURCE Los Angeles

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>13, 12, 10</u>	<u>\$ 55</u>	<u>Dinner gift</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Michael Montgomery
 ADDRESS (Business Address Acceptable)
2629 Mission St San Marino
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 91108

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>13, 12, 10</u>	<u>\$ 50</u>	<u>Xmas gift</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name MARY SU

- **Reminder** you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
overseas Chinese Affairs State Council

ADDRESS (Business Address Acceptable)
China

CITY AND STATE
35 Fu Cheng menwai Dajie Beijing
Beijing 100037 P.R.C.

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Chinese Government

DATE(S): *11/10/10 - 11/14/10* AMT: \$ *580*
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: *meeting, make speech and presentation. (lodging & meals)*

▶ NAME OF SOURCE
Overseas Chinese Affairs Shanghai

ADDRESS (Business Address Acceptable)
Jiujiang road, Shanghai, China

CITY AND STATE
20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): *10/17/10 - 10/19/10* AMT: \$ *4380*
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: *lodging & meals*

▶ NAME OF SOURCE
The Overseas Chinese Affairs Nanjing

ADDRESS (Business Address Acceptable)
Xiao Jie Kou square

CITY AND STATE
Nanjing 210005, China

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): *10/15/10 - 10/17/10* AMT: \$ *242*
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: *lodging & meals*

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / AMT: \$
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION:

Comments: _____