

STATEMENT OF ECONOMIC INTERESTS

Date Received  
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MAR 29 2011

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FAIR POLITICAL  
PRactices COMMISSION  
COVER PAGE  
11 APR -6 PM 2:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Yu Vincent TEMPLE CITY CITY CLERK

1. Office, Agency, or Court

Agency Name  
City Council  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Temple City  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 "None."

► Total number of pages including this cover page: 2

- 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



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

Date Signed 3-28-2011  
(month, day, year)

Signature

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
VINCENT Yu

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TEMPLE CITY

- 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 \_\_\_\_\_

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: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_

METROPOLITAN WATER DISTRICT  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

700 N ALAMEDA ST., LOS ANGELES, CA 90012  
 CITY AND STATE \_\_\_\_\_

INSPECTION TRIP OF HOOVEN DAM AND  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_  501 (c)(3)

THE COLORADO RIVER AQUEDUCT FACILITIES

DATE(S): 10/22/10 - 10/24/10 AMT: \$ 637.62  
(If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: TRAVEL, LODGING AND MEALS  
PROVIDED BY MWD

▶ 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: \_\_\_\_\_

▶ 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: \_\_\_\_\_