



COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF WALNUT

Division, Board, Department, District, if applicable

Your Position

COUNCIL MEMBER

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 JUL 24 PM 1:16

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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

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

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

State

Judge or Court Commissioner (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, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I have used all reasonable diligence in preparing this statement. I have reviewed this statement herein and in any attached schedules is true and complete. I acknowledge this is a public

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

Date Signed 07/08/2014  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filer/official.)



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) SU (FIRST) MIDDLE INITIAL  
2014 JAN 10 AM 10:48

RECEIVED (110) (LE)

14 JAN 13 P 2:41

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF WALNUT

Division, Board, Department, District, if applicable

Your Position

CITY OF WALNUT  
CITY CLERKS OFFICE

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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

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

- State
- Multi-County \_\_\_\_\_
- City of WALNUT
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2013.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Candidate: Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE

I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowledge

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

Date Signed 1/13/14  
(month, day, year)

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

SU, MARY

NAME OF BUSINESS ENTITY  
Simplicity Back Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

NAME OF BUSINESS ENTITY  
Vertex pharmaceutical

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

NAME OF BUSINESS ENTITY  
The Vanguard Group

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

NAME OF BUSINESS ENTITY  
T. Rowe Price

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  
 Stock       Other Mutual fund  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 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  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 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  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 12      \_\_\_\_\_ / \_\_\_\_\_ / 12  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_



SCHEDULE D  
Income - Gifts

Name  
SU, MARY

▶ NAME OF SOURCE (Not an Acronym)  
Taipei Economic Cultural Office

ADDRESS (Business Address Acceptable)  
3731 Wilshire Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Los Angeles CA 90010

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8/20/13	\$ 100	Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
E.T.T.V

ADDRESS (Business Address Acceptable)  
18430 E. San Jose Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City of Industry CA 91748

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/4/13	\$ 120	flower
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)  
World Journal Center

ADDRESS (Business Address Acceptable)  
1588 Corporate Ave

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Monterey Park CA 91754

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/24/13	\$ 25	Moon cake
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
Deborah Chun  
 ADDRESS (Business Address Acceptable)  
20675 La Puente Road  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Walnut CA 91789  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
12/10/13 \$ 60 gifts basket  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
Tai Quan Sun  
 ADDRESS (Business Address Acceptable)  
9550 San Ramon El Monte  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
special event  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
1/16/13 \$ 70 gift  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
Kelvin Chen  
 ADDRESS (Business Address Acceptable)  
18605 Gale Ave City of Industry  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Grand opening  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
10/25/13 \$ 40 gifts  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
Alicia Yu  
 ADDRESS (Business Address Acceptable)  
9139 Las Lunas Dr  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Temple Chew  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
2/28/13 \$ 50 Dinner  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
Taipei Economic Cultural Office  
 ADDRESS (Business Address Acceptable)  
3931 Wilshire Blvd  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Los Angeles, CA 90014  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
4/5/13 \$ 50 special event  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
Raymond Xiong  
 ADDRESS (Business Address Acceptable)  
447 W. Garvey Ave.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Monterey Park CA 91754  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
5/6/13 \$ 30 lunch  
 / / \$  
 / / \$

Comments: \_\_\_\_\_