

MAR 25 2015

Please type or print in ink.

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

COVER PAGE

NAME OF FILER (LAST) (FIRST) CITY OR (MIDDLE) OFFICE
Toma 2015 APR 14 AM 11:30 James Masao CITY OF WEST COVINA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of West Covina

Division, Board, Department, District, if applicable

Your Position

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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of West Covina Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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

I certify under penalty of perjury under the law

Date Signed 3/24/15 (month, day, year)

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Japanese American Bar Association

ADDRESS (Business Address Acceptable)
P.O. Box 71961 Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 14</u>	<u>\$ 290.00</u>	<u>reimbrs bar assn evnts</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Greenberg Glusker

ADDRESS (Business Address Acceptable)
1900 Avenue of the Stars, 21st Fl., LA CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 08 / 14</u>	<u>\$ 85.00</u>	<u>bar assn dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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Comments: _____