

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing  
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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) JOHN (FIRST) (MIDDLE) CITY CLERK  
WUO

1. Office, Agency, or Court

Agency Name (Do not use acronyms) CITY COUNCIL MAYOR  
Division, Board, Department, District, if applicable Your Position

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
15 MAR 23 PM 5:00

► 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 ARCADIA  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 December 31, 2014.  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: 4

- 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. [Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-13-15  
(month, day, year)





**SCHEDULE D  
Income – Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>JOHN WUO</b>
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▶ NAME OF SOURCE (Not an Acronym)  
**KEN SPIKER & ASSOCIATES**

ADDRESS (Business Address Acceptable)  
**801 S. FIGUEROA ST. SUITE 1050, L. A. CA 90017**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ICA WINTER CONFERENCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 14	\$ 190.00	GOLF OUTING
01 / 30 / 14	\$ 75.00	DINNER
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**WASTE MANAGEMENT**

ADDRESS (Business Address Acceptable)  
**13940 LIVE OAK AVE. BALDWIN PARK CA 91706**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ICA SUMMER CONFERENCE**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 14	\$ 150.00	GOLF OUTING
07 / 11 / 14	\$ 125.00	DINNER
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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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: \_\_\_\_\_