

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing  
Received  
Official Use Only

CG

COVER PAGE

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) CHING (FIRST) ERIC 15 MAR 12 11:52 AM

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF WALNUT

CITY OF WALNUT  
CITY CLERKS OFFICE

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: SEE ATTACHED

Position:

RECEIVED  
FAIR POLITICAL  
PRACTICES  
COMMISSION  
15 MAR 19 AM 10:39

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, 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: 2

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 laws of the State of California that the foregoing is true and correct.

Date Signed 2-25-15  
(month, day, year)

CITY OF WALNUT

CHING, ERIC – CITY COUNCIL MEMBER

CALIFORNIA FORM 700

1. Agency, multiple

Walnut Housing Authority

Walnut Public Financing Authority

Successor Agency

San Gabriel Valley Council of Governments – Governing Board Alternate

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

Name  
Ching, Eric

▶ NAME OF SOURCE (Not an Acronym)  
Michael Montgomery  
 ADDRESS (Business Address Acceptable)  
21201 La Puente Rd, Walnut CA 91789  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/15/14</u>	<u>\$ 75</u>	<u>Dinner</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
City of Whittier  
 ADDRESS (Business Address Acceptable)  
13230 Penn Street, Whittier CA 90602  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05/16/14</u>	<u>\$ 100</u>	<u>Gift Certificate</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_