**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**A PUBLIC DOCUMENT**

# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION

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CITY OF WALNUT
CITY CLERKS OFFICE

### 1. Office, Agency, or Court

Agency Name
CITY OF WALNUT

Division, Board, Department, District, if applicable

Your Position
CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.
Agency: WALNUT IMPROVEMENT AGENCY/HOUSING AUTHORITY/ PUBLIC FINANCING AUTHORITY Position: AGENCY/AUTHORITY MEMBER

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

- ☐ State
- ☐ Multi-County _____
- ☒ City of WALNUT
- ☐ Judge (Statewide Jurisdiction)
- ☐ County of _____
- ☐ 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 ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **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.

### 4. Schedule Summary

*Check applicable schedules or one.*

► **Total number of pages including this cover page:** 7

- ☑ **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

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

**Date Signed** 3/21/2011 *(month, day, year)* **Signatur**

# 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
MARY SU

► NAME OF BUSINESS ENTITY
Vertex Pharmaceuticals INC. COM.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

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:
___/___/ 10 ACQUIRED ___/___/ 10 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)
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
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☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

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___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

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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:
___/___/ 10 ACQUIRED ___/___/ 10 DISPOSED

**Comments:** _____

# SCHEDULE C
## Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

Name
MARY SU

### ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Luki Su

ADDRESS *(Business Address Acceptable)*
3280 Foothill Blv pasadena

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Kaiser permenle

YOUR BUSINESS POSITION
pharmacist

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☒ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse · or registered domestic partner · income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

### ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Smartplast . Zhc

ADDRESS *(Business Address Acceptable)*
308 E San Bernadino rd

BUSINESS ACTIVITY, IF ANY, OF SOURCE covina.

YOUR BUSINESS POSITION
CEO

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000 0410
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse · or registered domestic partner · income
☐ Loan repayment ☐ Partnership
☐ Sale of _____ *(Property, car, boat, etc.)*
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
☐ Other _____ *(Describe)*

### ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender · regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

**Comments:**

CALIFORNIA FORM **700**
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MARY SU

# SCHEDULE D
## Income Gifts

► NAME OF SOURCE
Lynn Chao
ADDRESS (Business Address Acceptable)
650 Camino De Gloria
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Walnut CA 91789

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 100 | flower |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
Michelle Hsiao
ADDRESS (Business Address Acceptable)
140 Commerce Way Walnut, CA 91789
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 50 | flower |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
Johnny & Joyce Tsai
ADDRESS (Business Address Acceptable)
4602 E Brickell street ontario
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 100 | flower |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
Joseph Su
ADDRESS (Business Address Acceptable)
8525 Valley Blvd Rosemead CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 50 | flower |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
David & Virginia Yu
ADDRESS (Business Address Acceptable)
2805 S. Reservoir street pomona.
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 120 | flower |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
Gary Zong
ADDRESS (Business Address Acceptable)
1970 Holt Ave Pomona, CA 91768
BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 28/04/10 | $ 60 | flower |
| / / | $ | |
| / / | $ | |

**Comments:**

CALIFORNIA FORM 700
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Name: MARY SU

# SCHEDULE D
## Income Gifts

| NAME OF SOURCE | ADDRESS (Business Address Acceptable) | BUSINESS ACTIVITY, IF ANY, OF SOURCE | DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|---|---|---|
| Andy Zhang | 311 Amberwood Dr Walnut CA 91789 | | 4/28/10 | $ 100 | flower |
| Christine & Rex Wang | 1045 E. Valley Blvd. #108 San Gabriel CA 91776 | | 01/05/10 | $ 80 | flower |
| Juliette Zhao | 19905 Bundy Dr Suite 850, Los Angeles CA 90025 | | 01/05/10 | $ 100 | flower |
| Valley Vista | 17645 E. Railroad Street Industry | | 15/05/10 | $ 100 | Dinner |
| | | | 15/05/10 | $ 30 | gift |
| Harry Lee | 17464 S. Nogales Street Rowland Heights CA 91748 | | 01/05/10 | $ 80 | flower |
| EDI MEDIA INC | 719 N Sunset Ave Westcovina | | 12/08/10 | $ 110 | gift |

Comments:

CALIFORNIA FORM 700
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Name
MARY SU

# SCHEDULE D
## Income Gifts

► NAME OF SOURCE
Chung-chen Kung
ADDRESS (Business Address Acceptable)
3731 Wilshire Blvd suite 700
BUSINESS ACTIVITY, IF ANY, OF SOURCE Los angeles

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 13/12/10 | $ 55 | Dinner gift |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
Michael Montgomery
ADDRESS (Business Address Acceptable)
2627 Mission St San Marino
BUSINESS ACTIVITY, IF ANY, OF SOURCE CA 91108

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 23/12/10 | $ 150 | Xmas gift |
| / / | $ | |
| / / | $ | |

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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Name
MARY SU

# SCHEDULE E
## Income Gifts
## Travel Payments, Advances, and Reimbursements

- **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.**

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▶ NAME OF SOURCE
overseas Chinese affairs stat council
ADDRESS (Business Address Acceptable)
35 Fu cheng men wai Dajie Beijing China
CITY AND STATE
Beijin 100037 P.R.C.
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Chinese Government
DATE(S): 11/10/10-11/14/10 (If applicable) AMT: $ 580
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: meeting, make speech and presentation. (lodging & meals)

▶ NAME OF SOURCE
Overseas Chinese Affairs shanghai
ADDRESS (Business Address Acceptable)
552 Jinjiang road, shanghai, china
CITY AND STATE
20001
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
DATE(S): 10/17/10-10/18/10 (If applicable) AMT: $ 380
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: lodging & meals

▶ NAME OF SOURCE
the overseas Chinese affairs Nanjing
ADDRESS (Business Address Acceptable)
Xin Jie Kou square
CITY AND STATE
Nanjing 210005, China
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
DATE(S): 10/15/10-10/17/ (If applicable) AMT: $ 242
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
DESCRIPTION: lodging & meals

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): / / - / / (If applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

**Comments:**