

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yvonne Viu For City Council 2020			Date of This Filing 02/18/2020	Date Stamp 2020 FEB 18 P 5:29	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 247-4388	I.D. NUMBER (if applicable) 1419742	Report No. 5			
STREET ADDRESS 728 West Edna Place			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Covina	STATE CA	ZIP CODE 91722	No. of Pages 1		CITY CLERK OFFICE CITY OF MONTEREY PARK

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/18/2020	Winnie Xu Yao 1252 Oakhaven Rd. Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

***Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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