

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> COMMITTEE TO ELECT CLAVIN LO FOR CITY COUNCIL 2017		<b>Date Stamp</b> <b>RECEIVED</b> 2017 OCT 13 A 11:50 CITY OF SAN MARINO CITY CLERK'S OFFICE	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 926-616-6116	<b>I.D. NUMBER (if applicable)</b> 82-1879068	<b>Date of This Filing</b> 10/12/2017	
<b>STREET ADDRESS</b> 1646 HILLIARD DR SAN MARINO	<b>STATE</b> CA	<b>Report No.</b> 10122017	
<b>CITY</b> SAN MARINO	<b>ZIP CODE</b> 91108	<input type="checkbox"/> Amendment to Report No. (explain below)	
		<b>No. of Pages</b> 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/11/17	JASMIN TSAI 1715 S LOS ROBLES AVE SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE N/A	500 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10/11/17	TONY TSAI 1715 S LOS ROBLES AVE SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER PLATINUM COLLECTION FURNITURE INC.	500 <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 _____%

**\*\*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

Reason for Amendment: \_\_\_\_\_

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<b>NAME OF FILER</b> COMMITTEE TO ELECT CALVIN LO FOR CITY COUNCIL 2017		<b>DATE STAMP</b> RECEIVED	
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 82-1879068	Date of This Filing 06/26/2017	Report No. 06262017
STREET ADDRESS [REDACTED]	STATE CA	ZIP CODE 94103	Amendment to Report No. (explain below) CITY OF SAN MARINO CITY CLERK'S OFFICE
CITY SAN MARINO	No. of Pages 2		For Official Use Only

CALIFORNIA FORM 497

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06/24/17	GOUREN CHEN [REDACTED] VIRGINIA RD SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR N/A	100 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/24/17	WEI ZHOU [REDACTED] VIRGINIA RD SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE N/A	100 <input type="checkbox"/> Check if Loan _____% Provide interest rate
06/24/17	LING JEN HUANG [REDACTED] VIRGINIA RD SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR N/A	100 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>NAME OF FILER</b> COMMITTEE TO ELECT CALVIN LO FOR CITY COUNCIL 2017 <b>AREA CODE/PHONE NUMBER</b> [REDACTED] 82-1879068 <b>STREET ADDRESS</b> 1646 HILLIARD DR CITY SAN MARINO CA 91108	<b>Date Stamp</b> Date of This Filing: 07/06/2017 Report No.: 07062017 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages: 1

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07/05/17	CALVIN LO [REDACTED] [REDACTED] SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER SELF-EMPLOYED "CALVIN LO"	3,100 <input checked="" type="checkbox"/> Check if Loan 0 _____ % 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
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<b>NAME OF FILER</b> COMMITTEE TO ELECT CALVIN LO FOR CITY COUNCIL 2017	<b>Date of This Filing</b> 09/11/2017	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> 626-616-6116	<b>Report No.</b> 09112017		
<b>STREET ADDRESS</b> 1626 HILLIARD DR	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b> SAN MARINO	<b>No. of Pages</b> 1		
<b>STATE</b> CA			
<b>ZIP CODE</b> 91108			

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09/10/17	YU-TING TU ██████████ WARRICK RD SAN MARINO CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR N/A	1,000 <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
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09/14/17	JOE TSENG 101 PALMAS DR SAN MARINO, CALIFORNIA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR N/A	1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
[REDACTED]	[REDACTED]	<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
[REDACTED]	[REDACTED]	<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

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