

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Hong Zhao	Date of This Filing 08/20/24	Date Stamp RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-552-1663	I.D. NUMBER (if applicable) 1470294	Report No. 1	
STREET ADDRESS [REDACTED]	STATE CA	Amendment to Report No. (explain below)	
CITY Walnut	ZIP CODE 91789	No. of Pages 1	

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
08/19/24	Jim Mi [REDACTED] Diamond Bar, CA 91765	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operation Manager Hyundai	\$1000 <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 _____%

****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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497		Date Stamp	
NAME OF FILER Hong Zhao / Zhao for Walnut City Council 2024		Date of This Filing 8/20/2024	
AREA CODE/PHONE NUMBER 6265521663		Report No. 2	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Walnut		No. of Pages 1	
STATE CA		ZIP CODE 91789	
I.D. NUMBER (if applicable) 1470294		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 20TH AUG 21 P 4:02 CITY OF WALNUT <small>CITY CLERK'S OFFICE</small> </div>	

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
8/19/2024	US Media Group Limited by Shares, Inc	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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

* 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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Hong Zhao	Date of This Filing 08/20/24	Date Signed 2024 AUG 21 P 4:02	RECEIVE CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-552-1663	I.D. NUMBER (if applicable) 1470294	Report No. 3	
STREET ADDRESS [REDACTED]	STATE CA	<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Walnut	ZIP CODE 91789	No. of Pages 1	CITY OF WALNUT CITY CLERKS OFFICE

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
08/19/24	Michelle Liu Hou [REDACTED] Pasadena, CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Remax	\$1000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
08/19/24	Yanan Zou [REDACTED] Walnut, CA 91789	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
08/19/24	Maryyuk Chun Tour [REDACTED] Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1000 <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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Hong Zhao		Date of This Filing 08/20/24	
AREA CODE/PHONE NUMBER 626-552-1663		Report No. 4	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Walnut		No. of Pages 1	
I.D. NUMBER (if applicable) 1470294		STATE CA	
ZIP CODE 91789		[REDACTED]	

RECEIVED
 CALIFORNIA FORM 497
 For Official Use Only
 2024 AUG 21 P 4:02
 CITY OF WALNUT
 CITY CLERKS OFFICE

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 <small>* X</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/19/24	Patrick Miranda, [REDACTED] Los Angeles, CA 90032 76	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Facilitator, Win-win Relationship Learning	\$1000 <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

****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: _____

497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497 For Official Use Only	
NAME OF FILER Hong Zhao	Date of This Filing <u>08/20/24</u> Report No. <u>5</u>
AREA CODE/PHONE NUMBER 626-552-1663	I.D. NUMBER (if applicable) 1470294
STREET ADDRESS [REDACTED]	CITY OF WALNUT CITY CLERKS OFFICE
CITY Walnut	STATE ZIP CODE CA 91789
No. of Pages <u>1</u>	

RECEIVED
 AUG 21 P 4: 02
 CITY CLERKS OFFICE

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
08/19/24	US General Chamber of Commerce for Entrepreneurs of Hongkong, Macau and Guangdong 1613 Chelsea Road, Suite 918, San Marino, CA 91108	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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

****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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Hong Zhao / Zhao for Walnut City Council 2024	Date Stamp <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED 2024 AUG 21 P 4: 03 CITY OF WALNUT CITY CLERKS OFFICE </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 6265521663	I.D. NUMBER (if applicable) 1470294	Date of This Filing 8/20/2024
STREET ADDRESS [REDACTED]	STATE CA	Report No. 6 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1
CITY Walnut	ZIP CODE 91789	

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
8/19/2024	Mark Supplies LLC [REDACTED] Eastvale, CA 92880	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$1000 <input type="checkbox"/> Check if Loan _____% Provide interest rate	\$1000 <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"/> 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: _____