

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

| | |
|---------------------|--------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| CITY CLERK OFFICE | Page <u>1</u> of <u>12</u> |
| 2020 FEB 21 A 11:16 | For Official Use Only |

| | |
|---------------------------|---|
| Statement covers period | Date of election if applicable: (Month, Day, Year) |
| from <u>01/19/2020</u> | <u>03/03/2020</u> |
| through <u>02/15/2020</u> | |

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1419529

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Henry Lo for Monterey Park City Council 2020

STREET ADDRESS (NO P.O. BOX)
417 Mooney Drive, Unit D

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Monterey Park</u> | <u>CA</u> | <u>91755</u> | <u>(626) 915-7635</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
728 W. Edna Place

| | | | |
|---------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Covina</u> | <u>CA</u> | <u>91722</u> | |

OPTIONAL: FAX / E-MAIL ADDRESS
henry@henry-lo.com

Treasurer(s)

NAME OF TREASURER
Yolanda Miranda

MAILING ADDRESS
728 W. Edna Place

| | | | |
|---------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Covina</u> | <u>CA</u> | <u>91722</u> | <u>(626) 915-7635</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/20/2020
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 02/20/2020
Date

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Henry Lo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

417 Mooney Drive, Unit D Monterey Park CA 91755

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|--|------------------------|
| COMMITTEE NAME Henry Lo for Garvey School District 2015 | I.D. NUMBER 1246907 |
|--|------------------------|

| | |
|--------------------------------------|--|
| NAME OF TREASURER Yolanda Miranda | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------------|--|

| | | | |
|---|------------------------------|-------------------|-----------------------------------|
| COMMITTEE ADDRESS 417 Mooney Drive, Unit D | STREET ADDRESS (NO P.O. BOX) | | |
| CITY Monterey Park | STATE CA | ZIP CODE 91755 | AREA CODE/PHONE (626) 592-0471 |

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

| | | | |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | | Page 3 of 12 |
| | | I.D. NUMBER |
| | | 1419529 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Lo for Monterey Park City Council 2020

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 3,418.97 | \$ 3,768.97 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 10,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 3,418.97 | \$ 13,768.97 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 5,000.00 | 5,000.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 8,418.97 | \$ 18,768.97 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A | Column B |
|---|-------------|-------------|
| 6. Payments Made Schedule E, Line 4 | \$ 2,384.31 | \$ 2,678.89 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 2,384.31 | \$ 2,678.89 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 514.30 | 2,287.94 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 5,000.00 | 5,000.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 7,898.61 | \$ 9,966.83 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 50,049.10 |
| 13. Cash Receipts Column A, Line 3 above | 3,418.97 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.75 |
| 15. Cash Payments Column A, Line 8 above | 2,384.31 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 51,084.51 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0.00 |
|---|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------|
| 18. Cash Equivalents See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 12,287.94 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>12</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|----------------------------|
| NAME OF FILER Henry Lo for Monterey Park City Council 2020 | I.D. NUMBER 1419529 |
|---|----------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|---------------------------------------|
| 02/14/2020 | BizFed PAC (ID# 1305594) 455 Capitol Mall, Ste.600 Sacramento, CA 95814 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 02/04/2020 | Local Union 11 Int'l Brotherhood of Electrical Workers Affiliated with A.F.L.C.I.O (ID# 822725) 297 N. Marengo Ave. Pasadena, CA 91101 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 02/15/2020 | Los Angeles League of Conservation Voters (ID# 810317) 777 S. Figueroa St., Ste. 4050 Los Angeles, CA 90017-5864 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 02/09/2020 | SEIU - Local 721 (ID# 743794) 1545 Wilshire Blvd., #100 Los Angeles, CA 90017 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 3,000.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 418.97
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,418.97

*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

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

| | |
|---------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>01/19/2020</u> | Page <u>5</u> of <u>12</u> |
| through <u>02/15/2020</u> | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|----------------------------|
| NAME OF FILER Henry Lo for Monterey Park City Council 2020 | I.D. NUMBER 1419529 |
|---|----------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| Henry Lo 417 Mooney Dr., Unit D Monterey Park, CA 91755 THIS IS A LOAN | Senior Field Representative California State Assembly | \$ 10,000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 10,000.00 | 0.00 % RATE | \$ 10,000.00 | \$ 10,000.00 PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | DATE DUE | \$ 0.00 | 01/04/2020 DATE INCURRED | CALENDAR YEAR |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE | % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE | % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| SUBTOTALS \$ | | | 0.00 \$ | 0.00 \$ | 10,000.00 \$ | 0.00 | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/19/2020
through 02/15/2020

**CALIFORNIA
FORM 460**

Page 6 of 12

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Henry Lo for Monterey Park City Council 2020

1419529

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|---|--|---------------------------|---|------------------------------------|
| 01/25/2020 | Monterey Park Police Officers Assoc. PAC (ID# 980800) 320 W. Newmark Ave. Monterey Park, CA 91754 In-Kind Contribution | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Political Marketing - Brochure, Design & Postage | 5,000.00 | 5,000.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 5,000.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 5,000.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 5,000.00

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | 02/15/2020 | Page 7 of 12 |
| NAME OF FILER | | I.D. NUMBER |
| Henry Lo for Monterey Park City Council 2020 | | 1419529 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Lo for Monterey Park City Council 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| ADP 9445 Fairway Vview Pl, Ste. 200 Rancho Cucamonga, CA 91730 | OFC | | | 79.87 |
| ADP 9445 Fairway Vview Pl, Ste. 200 Rancho Cucamonga, CA 91730 | OFC | | | 410.46 |
| ADP 9445 Fairway Vview Pl, Ste. 200 Rancho Cucamonga, CA 91730 | OFC | | | 61.28 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 551.61

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 2,356.61 |
| 2. Unitemized payments made this period of under \$100 | \$ | 27.70 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 2,384.31 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | 02/15/2020 | Page <u>8</u> of <u>12</u> |
| NAME OF FILER | | I.D. NUMBER |
| Henry Lo for Monterey Park City Council 2020 | | 1419529 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Chow Julie 9050 New Depot Street, #11 Los Angeles, CA 90012 | SAL | | | 137.02 |
| Frank F. Lu 2130 S. Curtis Ave. Alhambra, CA 91803 | SAL | | | 611.33 |
| Frank F. Lu 2130 S. Curtis Ave. Alhambra, CA 91803 | SAL | | | 611.33 |
| Yan Xiao Li 4022 Collis Ave. Los Angeles, CA 90032 | SAL | | | 445.32 |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,805.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | 02/15/2020 | Page 9 of 12 |
| NAME OF FILER | | I.D. NUMBER |
| Henry Lo for Monterey Park City Council 2020 | | 1419529 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

| | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | POS | 21.84 | 0.00 | 0.00 | 21.84 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 250.00 | 0.00 | 0.00 | 250.00 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 300.00 | 0.00 | 0.00 | 300.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 571.84\$ 0.00\$ 0.00\$ 571.84

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 514.30
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET \$** 514.30
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|--|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | 02/15/2020 | Page 10 of 12 |
| NAME OF FILER | | I.D. NUMBER |
| Henry Lo for Monterey Park City Council 2020 | | 1419529 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | POS | 1.80 | 0.00 | 0.00 | 1.80 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 300.00 | 0.00 | 0.00 | 300.00 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 300.00 | 0.00 | 0.00 | 300.00 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 300.00 | 0.00 | 0.00 | 300.00 |
| SUBTOTALS \$ | | 901.80 \$ | 0.00 \$ | 0.00 \$ | 901.80 |

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>01/19/2020</u> through <u>02/15/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>11</u> of <u>12</u> |
| | I.D. NUMBER 1419529 |

NAME OF FILER

Henry Lo for Monterey Park City Council 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | OFC | 300.00 | 0.00 | 0.00 | 300.00 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | PRO | 0.00 | 500.00 | 0.00 | 500.00 |
| Yolanda Miranda & Assoc. 728 West Edna Place Covina, CA 91722 | POS | 0.00 | 14.30 | 0.00 | 14.30 |
| | | | | | |
| SUBTOTALS \$ | | 300.00 \$ | 514.30 \$ | 0.00 \$ | 814.30 |

**Schedule I
Miscellaneous Increases to Cash**

SCHEDULE I

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/19/2020 | |
| through | 02/15/2020 | Page 12 of 12 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Henry Lo for Monterey Park City Council 2020

I.D. NUMBER
1419529

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized increases to cash this period. | \$ | 0.00 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | 0.75 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | 0.75 |



Shipping Instructions

1. Attach your tracking label.
2. Seal envelope completely.
3. Place envelope in drop box, or schedule a pickup by calling 800-322-5555 or visiting www.aso.com.

2/20/2020

Customer Service
800-322-5555
or visit www.aso.com



800-322-5555
www.gls-us.com

Ship From
YOLANDA MIRANDA & ASSOCIATES
YOLANDA MIRANDA
728 W EDNA PLACE
COVINA, CA 91722

Tracking #: 548038980

PDS

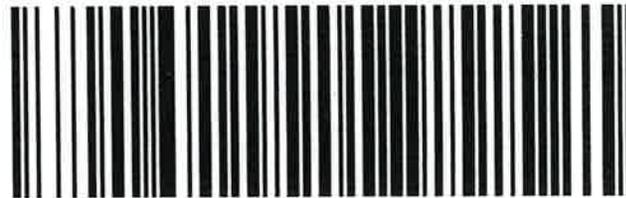


Ship To
MONTEREY PARK CITY CLERK
CITY CLERK
320 W. NEWMARK AVE.
MONTEREY PARK, CA 91754

MONTEREY PARK

S91754A

COD: \$0.00
Weight: 0 lb(s)
Reference:



Delivery Instructions:

Signature Type: STANDARD

16097804

NWK CA906-CP0

CS-35

Priority ENVELOPE

Print Date: 2/20/2020 12:10 PM