

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
CITY CLERK OFFICE	Page <u>1</u> of <u>5</u>
2020 JUL 31 A 10:08	For Official Use Only
CITY OF MONTEREY PARK	

Statement covers period from <u>01-01-20</u> through <u>06-30-20</u>	Date of election if applicable: (Month, Day, Year)
--	---

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 checked="" type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1420545

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

NO RECALL - CHAN & LIANG

STREET ADDRESS (NO P.O. BOX)

330 DE LA FUENTE STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MONTEREY PARK	CA	91754	213 215 8896

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

HANS LIANG

MAILING ADDRESS

330 DE LA FUENTE STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MONTEREY PARK	CA	91754	213 215 8896

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 7/25/20 Date
 Executed on 7/25/20 Date
 Executed on 7/25/20 Date
 Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent
 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
PETER CHAN, HANS LIANG

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MONTEREY PARK CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
330 DE LA FUENTE STREET MONTEREY PARK, CA 91754

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 HANS LIANG FOR CITY COUNCIL 2017	I.D. NUMBER 1353529
NAME OF TREASURER LANNY YU	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 330 DE LA FUENTE STREET	STREET ADDRESS (NO P.O. BOX)
CITY MONTEREY PARK	STATE CA
ZIP CODE 91754	AREA CODE/PHONE 213 215 8896
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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460	
from	01-01-20	Page	3 of 5
through	06-30-20	I.D. NUMBER 1420545	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO RECALL - CHAN & LIANG

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ 5050	\$ 5050
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 5050	\$ 5050
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5050	\$ 5050

**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
____/____/____	\$ _____
____/____/____	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 29,816
13. Cash Receipts Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 5050
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 24,766

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

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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
---	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO RECALL - CHAN & LIANG

Statement covers period		CALIFORNIA FORM 460
from	01-01-20	
through	06-30-20	Page <u>4</u> of <u>5</u>
I.D. NUMBER		1420545

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03-02-20	HANS LIANG FOR CITY COUNCIL 2017	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5000	5000	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				5000		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 5000
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL.. \$ 5000

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01-01-20	
through	06-30-20	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
NO RECALL - CHAN & LIANG		1420545

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hans Liang for City Council 2017 330 De La Fuente Street Monterey Park, CA 91754 ID# 1353529	CTB		Political Contribution	5000

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

SUBTOTAL \$ 5000

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	5000
2. Unitemized payments made this period of under \$100.....	\$	50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	5050