

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period
from 01/01/2020
through 06/30/2020

Date of election if applicable
(Month, Day, Year)
03/07/2017 2020

Date Stamp
CLERK OFFICE
2020 SEP 10 A 11:43

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Bank account closed 6/30/2020 - Form "B" attached referencing Loan of
12/01/2016

Committee Information

I.D. NUMBER
1392622

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

Margaret Leung for MPK City Council

STREET ADDRESS (NO P.O. BOX)

1526 Ridgecrest Way

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Monterey Park</u> | <u>CA</u> | <u>91754</u> | <u>626.269.9813</u> |

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

1590 Abajo Drive

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Larry Sullivan

MAILING ADDRESS

1590 Abajo Drive

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Monterey Park</u> | <u>CA</u> | <u>91754</u> | <u>626.428.1877</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 8/16/2020
Date

Executed on 8/16/2020
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

By _____
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

Margaret Leung

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

Monterey Park City Council

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

1526 Ridgcrest Way 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 | 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

| | |
|----------------|-------------|
| 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 from <u>01/01/2020</u> | CALIFORNIA FORM 46 |
| through <u>06/30/2020</u> | |
| Page <u>3</u> of <u>4</u> | |
| I.D. NUMBER <u>1392622</u> | |

INSTRUCTIONS ON REVERSE

NAME OF FILER

Garet Leung for MPK City Council 2017

Contributions Received

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

**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 |
|---|--|--|
| Payments Made..... Schedule E, Line 4 | \$ <u>0</u> | \$ <u>0</u> |
| Loans Made..... Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>0</u> | \$ <u>0</u> |
| Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| Nonmonetary Adjustment..... Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>0</u> | \$ <u>0</u> |

**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

| | |
|--|----------------|
| Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>5347</u> |
| Cash Receipts..... Column A, Line 3 above | <u>0</u> |
| Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>0</u> |
| Cash Payments..... Column A, Line 8 above | <u>-5347</u> |
| ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u> |

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

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

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| Cash Equivalents..... See instructions on reverse | \$ _____ |
| Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

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.

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2020
through 06/30/2020

**CALIFORNIA
FORM 46**

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INSTRUCTIONS ON REVERSE

NAME OF FILER

Margaret Leung for MPK City Council

I.D. NUMBER

1392622

| DEBTOR NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (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 CONTRIBUTION TO DATE |
|---|--|--|------------------------------------|--|--|----------------------------------|--------------------------------|---|
| Margaret Leung 26 Ridgecrest Way San Mateo, Ca. 91754 ND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Engineering Manager Pfizer Pharmaceuticals | \$ 5347 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 5347 <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ 10,000 DATE INCURRED | CALENDAR YEAR \$ PER ELECTI \$ |
| ND <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 ELECTI \$ |
| ND <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 ELECTI \$ |
| SUBTOTALS | | \$ | \$ 5347 | \$ | \$ | \$ | | |

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

Schedule B Summary

Loans received this period \$ 0
 Total Column (b) plus unitemized loans of less than \$100.)
 Loans paid or forgiven this period \$ 5347
 Total Column (c) plus loans under \$100 paid or forgiven.)
 Include loans paid by a third party that are also itemized on Schedule A.)
 Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
 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 enti
 PTY – Political Party
 SCC – Small Contributor Commi

(May be a negative number)

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