

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**ORIGINAL**

COVER PAGE

Date Stamp

**CALIFORNIA FORM 460**

CITY CLERK OFF

2015 JAN 21 A 10:30

CITY OF MONTEREY PARK

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**Statement covers period**  
from 07/01/2014  
through 12/31/2014

**Date of election if applicable:**  
(Month, Day, Year)

**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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1365928

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

STREET ADDRESS (NO P.O. BOX)  
2001 S. Garfield Avenue

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Monterey Park | CA    | 91754    | (213) 489-4792  |

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

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA    | 90010    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 489-4818 / mymsanders@davidgouldcompany.com

**Treasurer(s)**

NAME OF TREASURER

Nick Lima

MAILING ADDRESS

2001 S. Garfield Avenue

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Monterey Park | CA    | 91754    | (213) 489-4792  |

NAME OF ASSISTANT TREASURER, IF ANY

David L. Gould

MAILING ADDRESS

3700 Wilshire Blvd., Suite 1050B

| CITY        | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------|-------|----------|-----------------|
| Los Angeles | CA    | 90010    | (213) 489-4792  |

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 01/14/2015  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
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**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 8

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

**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?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

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

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

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

*Attach continuation sheets if necessary*

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2014 |                            |
| through                 | 12/31/2014 | Page 4 of 8                |
| I.D. NUMBER             |            | 1365928                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$** 0.00

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 2,190.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2,190.00

\*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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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

SCHEDULE D

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                      | 07/01/2014 |                                |
| through                                   | 12/31/2014 | Page <u>5</u> of <u>8</u>      |
| NAME OF FILER                             |            | I.D. NUMBER                    |
| MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC |            | 1365928                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

| 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) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 12/11/2014         | Anthony Wong<br>City Council Member<br>City of Monterey Park  | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | Contribution              | 600.00             | 600.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | 600.00             |   |                                    |

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 600.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 600.00

**Schedule E  
Payments Made**

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

SCHEDULE E

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                      | 07/01/2014 |                                |
| through                                   | 12/31/2014 | Page <u>6</u> of <u>8</u>      |
| NAME OF FILER                             |            | I.D. NUMBER                    |
| MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC |            | 1365928                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|--|------|----|----------------------------|-------------|
| Anthony Wong for City Council 2015 (ID# 1288328)<br>236 E. Garvey Avenue<br>Monterey Park, CA 91455                      | CTB  |    | Contribution               | 600.00      |
| David L. Gould Company<br>3700 Wilshire Blvd., Suite 1050B<br>Los Angeles, CA 90010<br>Rept.Fee per contract 1/1-6/30/14 | PRO  |    | Semi-Annual Report 6/30/14 | 250.00      |
| David L. Gould Company<br>3700 Wilshire Blvd., Suite 1050B<br>Los Angeles, CA 90010                                      | PRO  |    | Retainer and Set-up        | 250.00      |

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

**SUBTOTAL \$** 1,100.00

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 1,350.00        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 32.00           |
| 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.) ..... | <b>TOTAL \$</b> | <b>1,382.00</b> |

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

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

SCHEDULE E (CONT.)

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 07/01/2014 |                                |
| through                 | 12/31/2014 | Page <u>7</u> of <u>8</u>      |
|                         |            | I.D. NUMBER<br>1365928         |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| David L. Gould Company<br>3700 Wilshire Blvd., Suite 1050B<br>Los Angeles, CA 90010<br>Rpt. Fee 7/1-12/31/2014 | PRO  |    | Reporting Fee          | 250.00      |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |

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

**SUBTOTAL \$** 250.00

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

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

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2014</u><br>through <u>12/31/2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>8</u> of <u>8</u>      |
|  | I.D. NUMBER<br>1365928         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MOTEREY PARK FIREFIGHTERS ASSOCIATION PAC

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| David L. Gould Company<br>3700 Wilshire Blvd., Suite 1050B<br>Los Angeles, CA 90010 | PRO Retainer and Set-up           | 250.00  | 0.00                                  | 250.00  | 0.00   |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>   |                                   | 250.00\$  | 0.00\$                                | 250.00\$  | 0.00   |

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

**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 \$** 0.00
- 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 \$** 250.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -250.00  
May be a negative number