

**Recipient Committee
Campaign Statement
Cover Page**

ORIGINAL

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from 01/01/2017
through 01/21/2017

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

03/07/17

CITY CLERK OFFICE

2017 JAN 27 P 12:05

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: CITY OF MONTEREY PARK

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

3. 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 Ridgcrest Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	Ca	91754	626.269.9813

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

333 W. Garvey Ave. Ste. 736

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	Ca	91754	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Larry Sullivan

MAILING ADDRESS

1590 Abajo Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	Ca	91754	626.428.1877

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 01/21/2017
Date

Executed on 1/21/2017
Date

Executed on _____
Date

Executed on _____
Date

By Larry Sullivan
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

Instructions for Recipient Committee Campaign Statement – Cover Page

Period Covered by a Statement:

The "period covered" by a campaign statement begins the day after the closing date of the last campaign statement filed. For example, if the closing date of the last statement was September 30, the beginning date of the next statement will be October 1.

If this is the committee's first campaign statement, begin with January 1 of the current calendar year.

The closing date of the statement depends on the type of statement you are filing.

Date of Election:

If you are filing this statement as a preelection statement in connection with an election, enter the date of the election.

Type of Recipient Committee:

Check one box to indicate the type of committee filing the statement. General descriptions are provided on the cover sheet to this form, or contact your filing officer or the FPPC for assistance. Following are some additional guidelines:

Controlled Committee

- A controlled committee is one that is controlled by a candidate, officeholder or, in the case of a state ballot measure committee, by the proponent of the measure. A committee is "controlled" if the candidate, officeholder, or proponent, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.

Sponsored Committees

- A sponsored committee is one that has a sponsor—a business entity, organization, union, or other entity—that meets certain criteria. Sponsored ballot measure committees and general purpose committees must include the name of the sponsor in the name of the committee.

Small Contributor Committees

- This term is significant only if the committee makes contributions to candidates running for elective state office.

Type of Statement:

Check the appropriate box(es) to indicate the type of statement you are filing (or amending).

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment and list the schedules being amended. Include an amended summary page, if applicable. Be sure to enter the period covered of the statement you are amending.

Termination: A committee must continue filing campaign statements each year until it is eligible to terminate and files a Form 410 Termination. Most officeholders must continue filing campaign statements until they have terminated all controlled committees and have left office.

Committee I.D. Number:

If the committee has not yet received an identification number from the Secretary of State, enter "Not Yet Received." File Form 410 to obtain an I.D. Number.

Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

Additional Important Information:

Refer to the FPPC Campaign Disclosure Manual for your type of committee for information about:

- When, where, and what type of statements the committee is required to file.
- Closing date of campaign statements.
- Sponsored committee criteria.
- Termination criteria.
- Recordkeeping requirements and prohibitions.

**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 Ridgecrest 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> </u> /2017	CALIFORNIA FORM 460
through <u> </u> /2017	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1392622</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Margaret Leung

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>2000.00</u>	\$ <u>2000.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>10000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>2000.00</u>	\$ <u>12000.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>2000.00</u>	\$ <u>12000.00</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	\$ <u>2000.00</u>	\$ <u> </u>
21. Expenditures Made	\$ <u>769.59</u>	\$ <u> </u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>769.59</u>	\$ <u> </u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u> </u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>769.59</u>	\$ <u> </u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u> </u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u> </u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>769.59</u>	\$ <u> </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
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>2000.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>769.59</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1230.41</u>

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	\$ <u>0</u>
--	-------------

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/01/2017</u>		CALIFORNIA FORM 460
through <u>1/21/2017</u>		
Page <u>4</u> of <u>6</u>		I.D. NUMBER 1392622

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)
01/07/2017	Lynn Tagami P.O. Box 1769 Monterey Park, Ca. 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laserfich	1000.00		
01/01/2017	Doris Ono 1191 Ridgecrest Way Monterey Park, Ca. 91754	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medicals Records Coder Good Samaritan Hospital	1000.00		
		<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				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 2000.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 2000.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>01/01/2017</u> through <u>01/21/2017</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Margaret Leung for MPK City Council

I.D. NUMBER

1392622

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)
01/13/2017	ASAP Postal Center 333 W. Garvey Ave. Monterey Park, Ca. 9174	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Postal Center PO Box	92.00	92.00	92.00
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
01/13/2017	Campaign LA 15518 S. Broadway St. Gardena, Ca. 90248	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	4 Color Walk Pieces - Printing	545.00	545.00	545.00
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
01/10/2017	Fed Ex 2180 Atlantic Blvd. Monterey Park, Ca. 91754	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Printing / Copies	95.00	95.00	95.00
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				\$732.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 769.59
- 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 ..** \$ 769.59

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>01/01/2017</u> through <u>01/21/2017</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>

NAME OF FILER Margaret Leung for MPK City Council	I.D. NUMBER 1392622
--	----------------------------

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)
01/10/2017	Fed Ex 2180 S. Atlantic Ave. Monterey Park, Ca. 91754 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Printing / Copies	21.64	21.64	21.64
01/14/2017	Starbucks #5348 2100 S. Atlantic Ave. Monterey Park, Ca. 91754 <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Coffee - Campaign Meeting	15.95	15.95	15.95
	 <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	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$

