

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
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CITY CLERK OFFICE For Official Use Only	
2017 JUL 24 A 9:51	

Statement covers period from <u>02/19/2017</u> through <u>06/30/2017</u>	Date of election if applicable: (Month, Day, Year) <u>03/07/2017</u>
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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"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input 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
<small>(Also file a Form 410 Termination)</small> | |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |
| * Corrected date of "Statement Covers Period" _____ | |
| * Form A - Corrected Occupation / Employer Information _____ | |

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
<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

333 W. Garvey Ave. #736

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Monterey Park</u>	<u>Ca</u>	<u>91754</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Larry Sullivan

MAILING ADDRESS

1590 Abajo Dr.

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

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 07/20/2017
Date

Executed on 07/20/2017
Date

Executed on _____
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 of Controlling Officeholder, Candidate, State Measure Proponent

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>02/19/2017</u> through <u>06/30/2017</u>		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Margaret Leung for Monterey Park City Council

I.D. NUMBER

1392622

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)
2/20	Monterey Park Police Officers Assn. 320 W. Newmark Ave. Monterey Park, Ca. 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
03/03	Gerald Yee 1923 Verde Vista Dr. 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	UPS - HR Dept. 19701 Hamilton Ave. Torrance, Ca. 90502	100.00	100.00	
03/03	Annie Yee 1923 Verde Vista Dr. 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	Community Relations PCDA - 620 N. Lake Ave Pasadena, Ca. 91101	100.00	100.00	
03/03	Shirley Wong 475 Cumbre St. 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	Retired	250.00	250.00	
03/03	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	Laserfiche 3545 Long Beach Blvd. Long Beach, Ca. 90807	500.00	1500.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1450.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 894.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 2344.00

*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