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COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
	Page ____ of ____
	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-25
through 6-30-26

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

3. Committee Information

I.D. NUMBER 1235156

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MONTEREY PARK Democratic Club

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park 91754

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 954 (323) 964-1626

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

OPTIONAL: FAX / E-MAIL ADDRESS
Jeffsdem@yahoo.com

Treasurer(s)

NAME OF TREASURER
Arturo Urista

MAILING ADDRESS
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park, CA 91754

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Turiurista@gmail.com

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 7/31/26 (Date) By ARTURO URISTA (Signature of Treasurer or Assistant Treasurer)

Executed on 7/31/26 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on ____ (Date) By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on ____ (Date) By ____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 1-1-26
through 6-30-26

CALIFORNIA FORM 460

Page 2 of 4

I.D. NUMBER 1235156

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 892.58	$ 892.58
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 892.58	$ 892.58
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 892.58	$ 892.58

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 181.94	$ 181.94
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 181.94	$ 181.94
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	$ 181.94	$ 181.94

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 3,071.47
13. Cash Receipts	Column A, Line 3 above	892.58
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	181.94
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3782.76

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $ _____

19. 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).

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	$ _____	$ _____

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 1-1-26
through 6-30-26

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1235156

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 0
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 0

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1-1-26
through 1-6-26

CALIFORNIA FORM **460**

I.D. NUMBER
1235156

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 0
2. Unitemized payments made this period of under $100 ..... $ 0
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 $** 0