COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

| Statement covers period | Date of election if applicable: (Month, Day, Year) | Date Stamp | CALIFORNIA FORM 460 |
|---|---|---|---|
| from 07/01/2026 | | | Page 1 of 6 |
| through 09/19/2026 | | | For Official Use Only |

MPK CITY CLERK'S OFFICE
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## 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: 980800

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Monterey Park | CA | 91754 | (310)817-6679 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Inglewood | CA | 90301 | |

OPTIONAL: FAX / E-MAIL ADDRESS
(310)672-6679 / cine@politicalreportingplus.com

## Treasurer(s)

NAME OF TREASURER
David Castellano

MAILING ADDRESS
[redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Monterey Park | CA | 91754 | (213)228-1700 |

NAME OF ASSISTANT TREASURER, IF ANY
Cine D. Ivery

MAILING ADDRESS
[redacted]

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Inglewood | CA | 90301 | (310)817-6679 |

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 09/23/2026 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (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)

# Recipient Committee Campaign Statement Cover Page — Part 2



**CALIFORNIA FORM 460**



## 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? ☐ YES ☐ 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? ☐ YES ☐ 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 | ☐ SUPPORT ☐ 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 | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2026
through 09/19/2026

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

I.D. NUMBER
980800

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 0.00 | $ 0.00 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 0.00 | $ 0.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 0.00 | $ 0.00 |

## 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 | Column B |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 5,757.57 | $ 7,280.01 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 5,757.57 | $ 7,280.01 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 5,757.57 | $ 7,280.01 |

## 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.

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 112,106.98 |
| 13. Cash Receipts | Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 5,757.57 |
| 16. **ENDING CASH BALANCE** | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 106,349.41 |

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

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).

| | | |
|---|---|---|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | $ 0.00 |

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 0.00 |

# 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 07/01/2026
through 09/19/2026

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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I.D. NUMBER
980800

| 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) |
|---|---|---|---|---|---|---|
| 08/18/2026 | Vinh T Ngo<br>City Council Member<br>Monterey Park<br>District 5<br>☒ Support ☐ Oppose | ☒ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | 5,000.00 | 5,000.00 | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | | | **SUBTOTAL $** | 5,000.00 | | |

## Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) ..... $ 5,000.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL $** 5,000.00

# Schedule E
# Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2026
through 09/19/2026

CALIFORNIA FORM 460



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NAME OF FILER
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

I.D. NUMBER
980800

**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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Political Reporting Plus [redacted]<br>Inglewood, CA 90301 | PRO | Political Accounting - June, 2026 | 250.00 |
| Political Reporting Plus [redacted]<br>Inglewood, CA 90301 | PRO | Political Accounting - July, 2026 | 250.00 |
| Vinh T. Ngo for Monterey Park City Council 2026 (ID# 1490099) [redacted]<br>Monterey Park, CA 91755 | CTB | | 5,000.00 |

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

**SUBTOTAL $** 5,500.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,750.00
2. Unitemized payments made this period of under $100 ..... $ 7.57
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.) ..... **TOTAL $** 5,757.57



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# Schedule E (Continuation Sheet) Payments Made

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I.D. NUMBER
980800

**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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Political Reporting Plus<br>[redacted]<br>Inglewood, CA 90301 | PRO | Political Accounting - August, 2026 | 250.00 |
| | | | |
| | | | |
| | | | |
| | | | |

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

**SUBTOTAL $** 250.00



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