Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM 460

CITY CLERK OFFICE

2015 JUL 28 P 3: 39

CITY OF MONTEREY PARK

Page ___1___ of ___3___

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from JAN 1, 2015

through JUNE 30, 2015

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

[X] 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
[X] 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 1355997

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VINCENT D. CHANG FOR MONTEREY PARK CITY CLERK 2013

STREET ADDRESS (NO P.O. BOX)
2410 W. VALLEY BL.

CITY ALHAMBRA   STATE CA   ZIP CODE 91803   AREA CODE/PHONE (213) 250-1188

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

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
DORA LEUNG

MAILING ADDRESS
2410 W. VALLEY BL.

CITY ALHAMBRA   STATE CA   ZIP CODE 91803   AREA CODE/PHONE 213-250-1188

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 7/28/2015   Date   By _____ Signature of Treasurer or Assistant Treasurer

Executed on 7/28/15   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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

VINCENT D. CHANG

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

M P. city Clerk

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

2410 W. Valley Bl. Alhambra CA 91803

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

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

CALIFORNIA FORM 460

Statement covers period

from JAN 1, 2015

through JUNE 30, 2015

Page 1 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VINCENT D. CHANG

I.D. NUMBER

13559947

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	$ 0
2. Loans Received .... Schedule B, Line 3			
3. SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2	$		$
4. Nonmonetary Contributions .... Schedule C, Line 3			
5. TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4	$		$

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			
6. Payments Made .... Schedule E, Line 4	$	0	$ 0
7. Loans Made .... Schedule H, Line 3			
8. SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7	$		$
9. Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3			
10. Nonmonetary Adjustment .... Schedule C, Line 3			
11. TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10	$		$

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
/ /	$
/ /	$

Current Cash Statement

12. Beginning Cash Balance .... Previous Summary Page, Line 16	$	1575
13. Cash Receipts .... Column A, Line 3 above		0
14. Miscellaneous Increases to Cash .... Schedule I, Line 4		0
15. Cash Payments .... Column A, Line 8 above		0
16. **ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15	$	1575

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).

*Amounts in this section may be different from amounts reported in Column B.

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .... See instructions on reverse	$	0
19. Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$	630