

Recipient Committee  
Campaign Statement  
Cover Page

Date Stamp	CALIFORNIA FORM <b>460</b>
CITY CLERK OFFICE	Page <u>1</u> of <u>6</u>
2016 JUL 29 A 7:26	For Official Use Only

Statement covers period from <u>1/1/16</u> through <u>6/30/16</u>	Date of election if applicable: (Month, Day, Year) <u>3/3/15</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

- Off/ceholder, 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/Off/ceholder 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 1293423

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

ING FOR CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)

1435 ARRIBA DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91754 (626)282-9772

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

VALERIE LEE

MAILING ADDRESS

15110 KOURY DR.

CITY STATE ZIP CODE AREA CODE/PHONE

HACIENDA HEIGHTS CA 91745 (213)999-9567

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: 7/24/16  
Date

Executed on: 7/24/16  
Date

Executed on: \_\_\_\_\_  
Date

Executed on: \_\_\_\_\_  
Date

By: Valerie Lee  
Signature of Treasurer or Assistant Treasurer

By: Mitchell S.  
Signature of Controlling Off/ceholder, Candidate, State Measure Proponent or Responsible Off/ceholder of Sponsor

By: \_\_\_\_\_  
Signature of Controlling Off/ceholder, Candidate, State Measure Proponent

By: \_\_\_\_\_  
Signature of Controlling Off/ceholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
MITCHELL ING

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CITY COUNCIL FOR MONTEREY PARK

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1435 ARRIBA DR. 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 <u>ING FOR CITY COUNCIL</u>	I.D. NUMBER <u>1293423</u>
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>1/1/16</u> through <u>6/30/16</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
I.D. NUMBER <u>1293423</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ING FOR CITY COUNCIL 2015

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

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

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>1850</u>	\$ <u>1850</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1850</u>	\$ <u>1850</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1850</u>	\$ <u>1850</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
/ /	\$ _____
/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>2842.05</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1850.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>992.05</u>

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>

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.

Schedule A  
Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from: 11/1/16  
through: 6/30/16

CALIFORNIA  
FORM **460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ING FOR CITY COUNCIL 2015

I.D. NUMBER

1293423

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)
		<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				
		<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.) ..... \$ 0
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0
- 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.

SCHEDULE E

Statement covers period from <u>1/1/16</u> through <u>6/30/16</u>	CALIFORNIA FORM <b>460</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1293423</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ING FOR CITY COUNCIL 2015

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
HOI PING LOW KONG ASSOC. 750 N. HILL ST., # J LOS ANGELES, CA 90015	CVC	ANNUAL DINNER SCHOLARSHIP	500
KAPPA SIGMA MILITARY HEROES CAMPAIGN 1610 SCOTTSMILLE RD. CHARLOTTEVILLE, VA 22902	CVC	DONATION TO MILITARY VETERANS	500
RAMONA CONVENT 1701 W. RAMONA RD., ALHAMBRA, CA 91803	CVC	ANNUAL SCHOLARSHIP DINNER	350

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

SUBTOTAL \$ 1,350

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>500</u>
2. Unitemized payments made this period of under \$100.	\$ <u>e</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1850</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>1/1/16</u> through <u>6/30/16</u>	CALIFORNIA FORM <b>460</b> Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1293423</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ING FOR CITY COUNCIL 2015

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
CITY OF MONTEREY PARK 320 W. NEWMARK AVE., MONTEREY PARK, CA 91754	CVC	PLAY DAYS PARADE HISTORY IN MOTION	250
CITY OF MONTEREY PARK 320 W. NEWMARK AVE., MONTEREY PARK, CA 91754	CVC	CENTIENNIAL BANNER	250

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

SUBTOTAL \$ 500