Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
RECEIVED CITY CLERKS OFFICE OCT 22 2026 PM 2:40	Page 1 of 7
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from SEPT 20, 2026
through OCT. 17, 2026

Date of election if applicable: (Month, Day, Year)
NOV. 3, 2026

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:

- [X] Preelection Statement
- [X] 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: 1494291

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DORA LEUNG FOR MONTEREY PARK CITY CLERK 2026

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

CITY: MONTEREY PARK | STATE: CA | ZIP CODE: 91754 | AREA CODE/PHONE:

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: VINCENT CHANG

MAILING ADDRESS
[redacted]

CITY: ALHAMBRA | STATE: CA | ZIP CODE: 91802 | AREA CODE/PHONE:

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 10/22/26 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 10/22/26 (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

DORA LEUNG

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

MONTEREY PARK CITY CLERK

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

1199 WILLIAMS ST M.P. 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	I.D. NUMBER
N/A	
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

N/A

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
N/A		
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.

SUMMARY PAGE

Statement covers period
from SEPT. 29, 2026
through OCT. 17, 2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DORA LEUNG FOR MONTEREY PARK CITY CLERK 2026

I.D. NUMBER
1494294

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 1421.14	$
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1421.14	$
4. Nonmonetary Contributions	Schedule C, Line 3	2992.50	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 4413.64	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1610.96	$
7. Loans Made	Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1610.96	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1610.96	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 10372.39
13. Cash Receipts	Column A, Line 3 above	1421.14
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	1,610.96
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 10,182.57

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0

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 SEPT 29, 2026 through OCT. 17, 2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER DORA LEUNG FOR MPK CITY CLERK 2026

I.D. NUMBER 1494294

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)
9/22/26	JACQUELINE CHOU [redacted] TEMPLE CITY, CA 91780	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ESCROW OFFICER CHAMPION ESCROW	150	150	
9/22/26	WILLIAM CHAU [redacted] NORWALK, CA 90650	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150	150	
9/22/26	GUIDO RIVERA [redacted] DOWNEY, CA 90240	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150	150	
9/23/26	DAISY HONG [redacted] LA HABRA, CA 90631	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150	275	
9/27/26	WENDY YANG/LAWRENCE [redacted] S. MARINO, CA 9108	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	AUDITOR/ATTORNEY RETIRED California Institute of Technology	200	200	
			SUBTOTAL $	800		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 950.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 471.14
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 1421.14

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9/20/26
through 10/17/26

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NAME OF FILER
DORA LEUNG FOR MPK CITY CLERK 2026

I.D. NUMBER
1494294

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)
9/2	ANITA LEE [redacted] COMMTOS, CA 90703	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	150		

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from SEPT. 20, 2026
thru OCT. 17, 2026

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NAME OF FILER

DORA LEUNG FOR MONTEREY PARK CITY CLERK 2026

I.D. NUMBER

1494291

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/26	KEE WAH BAKERY [redacted] MONTEREY PARK, CA 91754	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		MOON CAKES	2992.50	2992.50	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 2992.50

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 2992.50
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 2992.50
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 2992.50

*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

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from SEPT. 20, 2026
through OCT. 17. 2026

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NAME OF FILER
DORA LEUNG FOR MONTEREY PARK CITY CLERK 2026

I.D. NUMBER
1494291

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
BRUGGEMOY LIBRARY [redacted] MONTEREY PK, CA 91754	FND	FUNDRAISER ~~FUND~~	297
PEN PROMOTIONAL TEMU	CMP	PEN	38.96
HO KOE RESTAURANT INVESTMENT [redacted] ARCADIA, CA 91007	FND	FUNDRAISING	1000

* 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.) ..... $ 1,610.96
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 $** 1,610.96