

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

Page 1 of 10

For Official Use Only

Date Stamp
RECEIVED
CITY OF SAN MARINO
CITY CLERK'S OFFICE

Date of election if applicable:
(Month, Day, Year)
Nov. 7 2017 11 SEP 28 P 3:45

Statement covers period
from Jan. 1, 2017
through Sept. 28, 2017

SEE INSTRUCTIONS ON REVERSE

- 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**
- Prelection 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
FPPC#1396375

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

Scott Kwong for San Marino City Council 2017

STREET ADDRESS (NO. & BOX)
[REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
[REDACTED]
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]
P.O. Box 80795
CITY San Marino STATE CA ZIP CODE 91118 AREA CODE/PHONE [REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS
Kwong4citycouncil@gmail.com

Treasurer(s)

NAME OF TREASURER
Scott Kwong
MAILING ADDRESS
P.O. Box 80795
CITY San Marino STATE CA ZIP CODE 91118 AREA CODE/PHONE 626-200-7219
NAME OF ASSISTANT TREASURER, IF ANY
N/A
MAILING 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 9/28/17 Date
Executed on 9/28/17 Date
Executed on _____ Date
Executed on _____ Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer
By [REDACTED] Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

Statement covers period

from 1/1/17

through 9/28/17

Page 2 of 10

I.D. NUMBER

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions Schedule A, Line 3 \$ 1450.00
2. Loans Received Schedule B, Line 3 \$ 2000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 3450.00
4. Nonmonetary Contributions Schedule C, Line 3 \$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 3450.00

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

6. Payments Made Schedule E, Line 4 \$ 2396.33
7. Loans Made Schedule H, Line 3 \$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 2396.33
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 0
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 2396.33

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# 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 \$ 0.00
13. Cash Receipts Column A, Line 3 above \$ 3450.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 2396.33
15. Cash Payments Column A, Line 8 above \$ 1053.67
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2396.33

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 2000.00

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

I.D. NUMBER

Statement covers period
from 1/1/17
through 9/28/17

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)
8/5/17	49th Assembly District Republican Party Central Committee P.O. Box 6781 Rosemead CA 91770 I.D.# 1225755	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200-	\$200-	
8/5/17	Janet & Jack Orswell [Redacted] [Redacted]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orswell consult/hamt	\$50-	\$250-	
8/5/17	John Quintanilla [Redacted] [Redacted]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Net Tech	\$100-	\$350-	
8/19/17	Tak Kuen Charles Mau [Redacted] [Redacted]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100-	\$450-	
8/19/17	John Y. Wong [Redacted] [Redacted]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500-	\$950-	
SUBTOTAL \$				950.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1450.00
- 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 \$** 1450.00

*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**

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

SCHEDULE A (CONT.)

Statement covers period

CALIFORNIA FORM 460

from 1/1/17
through 9/28/17

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NAME OF FILER

Scott Knony

I.D. NUMBER

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)
8/30/17	Paul Bassard San Marino CA 91068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arkon Resources Inc	\$500-	\$1450 \$1450-	
	San Marino CA 91068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	San Marino CA 91068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	San Marino CA 91068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

Statement covers period
from 1/1/17
through 9/28/17

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I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
<i>Scott Kwong</i>	<i>Montebello Lube and Tune-t</i>	\$ 0	\$100-	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$100- 12/31/17	<input type="checkbox"/> RATE	\$100- 5/1/17	\$100- PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<i>Scott Kwong</i>	<i>Montebello Lube and Tune-t</i>	\$ 0	\$900-	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$900- 12/31/17	<input type="checkbox"/> RATE	\$900- 5/10/17	\$1000- PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<i>Scott Kwong</i>	<i>Montebello Lube and Tune-t</i>	\$ 0	\$1000-	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$1000- 12/31/17	<input type="checkbox"/> RATE	\$1000- 8/8/17	\$2000- PER ELECTION **
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									

SUBTOTALS \$ _____ **\$** _____ **\$** _____ **\$** _____

Schedule B Summary

- Loans received this period \$ 2000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 2000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

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

Statement covers period
from 1/1/17
through 9/28/17

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | IMB | 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
<i>Complete Printing & Graphics 3246 San Gabriel Blvd #C Rosemead CA 91770</i>			<i>Campaign business card</i>	<i>\$70.68</i>
<i>Complete Printing & Graphics</i>			<i>Campaign signs & envelopes</i>	<i>\$418.69</i>
<i>Complete Printing & Graphics</i>			<i>campaign literature</i>	<i>\$108.75</i>
SUBTOTAL \$				\$598.12

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2396.33
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2396.33

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

Statement covers period

from 1/1/17
through 9/28/17

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I.D. NUMBER

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Chase @ San Marino 2998 Huntington Dr San Marino CA 91108</i>			<i>Monthly Service Fee</i>	<i>\$12</i>
<i>Chase @ San Marino</i>			<i>Monthly Service Fee</i>	<i>\$12</i>
<i>Chase @ San Marino</i>			<i>Custom Checks</i>	<i>\$23.91</i>
<i>Google</i>	<i>WEB</i>			<i>\$24</i>
<i>Beez Printing 8700 Reseda Blvd #203 Northridge, CA 91324</i>	<i>WEB</i>			<i>\$415.05</i>

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

SUBTOTAL \$ 487.10

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Kwong

Statement covers period
from 1/1/17
through 9/28/17

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I.D. NUMBER

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 | MITG | 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Office Depot @ Pasadena 1130 E Colorado Blvd Pasadena, CA 91066</i>	<i>OFC</i>			<i>\$17.99</i>
<i>Costco @ Alhambra 2207 W. Commonwealth Ave Alhambra, CA 91803</i>	<i>FND</i>			<i>\$180~</i>
<i>Office Depot @ Pasadena</i>	<i>OFC</i>			<i>\$73.43</i>
<i>San Marino City Hall 2200 Huntington Dr. San Marino, CA 91108</i>	<i>FIL</i>			<i>\$625</i>
<i>Wix.com</i>	<i>WEB</i>			<i>\$84</i>

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

SUBTOTAL \$ *980.92*

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Scott Kwong

Statement covers period
from *1/1/17*
through *9/28/17*

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I.D. NUMBER

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

- | | | |
|---|---|--|
| <p>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</p> | <p>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</p> | <p>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)</p> |
|---|---|--|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Beez Printing</i>	<i>LIT</i>		<i>\$218.50-</i>
<i>Chase @ SM</i>		<i>Chase Service</i>	<i>\$34</i>
<i>Chase @ SM</i>		<i>Monthly Service Fee</i>	<i>\$12</i>
<i>Smart and Final 725 E. Main St Alhambra 91801</i>	<i>FND</i>		<i>\$24.44</i>
<i>Starbucks @ San Marino 2265 Huntington Dr. San Marino 91108</i>	<i>FND</i>		<i>\$15.95</i>
SUBTOTAL \$			<i>304.84</i>

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

