

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp: 21 JAN 11 11:50

Page 1 of 6

For Official Use Only

Statement covers period from 07/01/2020 through 12/31/2020

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1391417

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Chin Ho Liao for City Council 2017

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE San Gabriel CA 91775

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

N/A CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS YMIRANDA

Treasurer(s)

NAME OF TREASURER Yolanda Miranda

MAILING ADDRESS

728 W. Edna Place

CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91722

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 01/09/2021 Date

Executed on 01/09/2021 Date

Executed on Date

Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] 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

Chin Ho Liao

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

City Council Member San Gabriel

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]	San Gabriel	CA	91775

**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? <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
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**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
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**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>07/01/2020</u> through <u>12/31/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1391417</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chin Ho Liao for City Council 2017

## 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>0.00</u>	\$ <u>0.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>54,614.62</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>54,614.62</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>54,614.62</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>253.60</u>	\$ <u>654.90</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>253.60</u>	\$ <u>654.90</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>253.60</u>	\$ <u>654.90</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>4,628.28</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>253.60</u>
16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>4,374.68</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>54,614.62</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 B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chin Ho Liao for City Council 2017

I.D. NUMBER

1391417

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
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028 This is a loan	Retired Engineer N/A	\$ 5,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00  DATE DUE	0.00% RATE \$ 0.00	\$ 5,000.00  10/06/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028	Retired Engineer N/A	\$ 25,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25,000.00  DATE DUE	0.00% RATE \$ 0.00	\$ 25,000.00  11/21/2016 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028 This is a loan	Retired Engineer N/A	\$ 15,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 15,000.00  DATE DUE	0.00% RATE \$ 0.00	\$ 15,000.00  02/27/2017 DATE INCURRED	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		0.00	\$	0.00	\$	45,000.00	\$	0.00

(Enter (e) on Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 0.00  
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 B – Part 1 (Continuation Sheet)**  
**Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Chin Ho Liao for City Council 2017

I.D. NUMBER

1391417

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
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028	Retired Engineer N/A	\$ 1,614.62	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,614.62	0.00% RATE	\$ 1,614.62	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00	03/27/2017 DATE INCURRED	
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028 This is a loan	Retired Engineer N/A	\$ 5,750.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,750.00	0.00% RATE	\$ 5,750.00	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00	04/06/2017 DATE INCURRED	
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028 This is a loan	Retired Engineer N/A	\$ 1,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,000.00	0.00% RATE	\$ 1,000.00	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00	04/06/2017 DATE INCURRED	
Chin Ho Liao 7095 Hollywood Blvd #104-438 Los Angeles, CA 90028 This is a loan	Retired Engineer N/A	\$ 1,250.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 1,250.00	0.00% RATE	\$ 1,250.00	CALENDAR YEAR \$ 0.00 PER ELECTION** \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ 0.00	04/06/2017 DATE INCURRED	
<b>SUBTOTALS \$</b>			0.00 \$	0.00 \$	9,614.62 \$	0.00		

†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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	Page 6 of 6
NAME OF FILER		I.D. NUMBER
Chin Ho Liao for City Council 2017		1391417

SEE INSTRUCTIONS ON REVERSE

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> 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
Secretary of State 1500 11th Street, 5th Floor Sacramento, CA 95814	OFC		50.00
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722	OFC		3.60
Yolanda Miranda & Associates 728 W Edna Place Covina, CA 91722	PRO		200.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 253.60

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 253.60
2. Unitemized payments made this period of under \$100	\$ 0.00
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.)	<b>TOTAL \$</b> 253.60