

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 7-1-19
through 12-31-19

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

Date Stamp	CALIFORNIA FORM 450
CITY CLERK OFFICE	
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For Official Use Only	

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
- Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
129 4816

COMMITTEE NAME
CONCERNED CITIZENS OF MONTEREY PARK

STREET ADDRESS (NO P.O. BOX)
1142 KENTON DR
CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91755 626-280 0479

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 633
CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 ABOVE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JEFFERY SU
MAILING ADDRESS
716 CEREZA DR

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 323-266-6138

NAME OF ASSISTANT TREASURER, IF ANY
TILDA DE WOLFE
MAILING ADDRESS

1142 KENTON DR
CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91755 626 280

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 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 1-25-20
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Tilda De Wolfe, Assistant Treasurer
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>7-1-19</u> through <u>12-31-19</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE <u>CONCERNED CITIZENS OF MONTEREY PARK</u>	I.D. NUMBER <u>1294816</u>

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>—</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>50.-</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>50.-</u>
4. Nonmonetary Adjustment..... From Line 8 Below	<u>—</u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>-120.-</u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$ <u>170.-</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>5.-</u>
8. Non-monetary contributions received this period.....	<u>—</u>
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$ <u>5.-</u>

Current Cash Statement

11. Beginning cash balance..... Previous Summary Page, Line 15	\$ <u>766.-</u>
12. Cash receipts this period..... Line 7 above	<u>5.-</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... Line 3 above	<u>50.-</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>721.-</u>