

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
---	--

<p>Date Stamp</p> <p>CITY CLERK OFFICE</p> <p>2013 JAN 30 P 3:17</p> <p>CITY OF MONTEREY PARK</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
---	--

1. Statement Covers Calendar Year 20 12 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
TERESA REAL SEBASTIAN

STREET ADDRESS
320 WEST NEWMARK AVENUE

CITY STATE ZIP CODE
MONTEREY PARK CA 91754

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-307-1465

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION) <u>MONTEREY PARK</u>	DISTRICT NUMBER (IF APPLICABLE)
---	---------------------------------

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
TERESA REAL SEBASTIAN FOR CITY COUNCIL 2011, ID# NONE (FILED 410 FORM TO TERMINATE COMMITTEE)	320 WEST NEWMARK, MONTEREY PARK, CA 91754 (PER ADRIEN/FPPC, OK TO USE CITY ADRS)	ARMEN SEBASTIAN

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on JANUARY 29, 2013
DATE

By 
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>	Date Stamp	CALIFORNIA FORM 470 SUPPLEMENT
		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

TERESA REAL SEBASTIAN

STREET ADDRESS

320 WEST NEWMARK

CITY

STATE

ZIP CODE

MONTEREY PARK

CA

91754

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

626-307-1465

2. Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

(MONTH, DAY, YEAR)