

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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 1-1-10
 through 6-30-10

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

NA CITY CLERK OFFICE

Date Stamp
 2010 JUL 27 P 2:00

CALIFORNIA FORM **450**
 Page 1 of 3
 For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
 - Sponsored
 - Small Contributor 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
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1294816

COMMITTEE NAME
CONCERNED CITIZENS OF MONTEREY PARK

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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
626-288 4977

Treasurer(s)

NAME OF TREASURER
TILDA DE WOLFE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
JEFFERY SU

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 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 7-26-10
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Tilda De Wolfe, 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**

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

SHORT FORM

Statement covers period from <u>1-1-10</u> through <u>6-30-10</u>	CALIFORNIA FORM 450
	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE

CONCERNED CITIZENS OF MONTEREY PARK

I.D. NUMBER

1294816

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>35.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>35.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ <u>35.00</u>
4. Nonmonetary Adjustment	From Line 8 Below	<u>0</u>
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ <u>35.00</u>

Contributions Received

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

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ <u>613.-</u>
12. Cash receipts this period	Line 7 above	<u>0</u>
13. Miscellaneous increases to cash		\$ <u>0</u>
14. Cash expenditures this period	Line 3 above	<u>35.-</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>578.-</u>

**Recipient Committee
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N/A

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CALIFORNIA FORM 450

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NAME OF COMMITTEE

CONCERNED CITIZENS OF MONTEREY PARK

I.D. NUMBER

1294816

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*	
					Calendar Year	Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____	Other \$ _____
SUBTOTAL \$						

* Required only for payments which are contributions or independent expenditures.