

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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 7-1-08  
 through 12-31-08

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

Date Stamp

**CALIFORNIA FORM 450**  
 Page 1 of 4  
 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  
1235156

COMMITTEE NAME  
MONTEREY PARK DEMOCRATIC CLUB

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 475

CITY STATE ZIP CODE AREA CODE/PHONE  
MONTEREY PARK CA 91704

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
FRANCISCO ALONSO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY CLERK OFFICE  
 2009 JAN 27 A 9:44  
 CITY OF MONTEREY PARK

## 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 1-27-09  
 DATE

Executed on 1-23-09  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By Francisco Alonso  
 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<br>from <u>7-1-08</u><br>through <u>12-31-08</u> | <b>CALIFORNIA<br/>FORM 450</b> |
| Page <u>2</u> of <u>4</u>  | I.D. NUMBER<br><u>1235156</u>  |

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

**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>112.45</u>                          |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....                     | Add Lines 1 + 2 \$ <u>147.45</u>       |
| 4. Nonmonetary Adjustment .....                                     | From Line 8 Below _____                |
| 5. Total expenditures made from previous statement .....            | Previous Summary Page, Line 6 \$ _____ |
| (If this is the first statement for the calendar year, enter zero.) |  |
| 6. TOTAL EXPENDITURES MADE TO DATE .....                            | Add Lines 3 + 4 + 5 \$ <u>147.45</u>   |

**Contributions Received**

|   |   |
|---|---|
| 7. Monetary contributions received this period .....                | \$ <u>1437.85</u>                       |
| 8. Non-monetary contributions received this period .....            | _____                                   |
| 9. Total contributions received from previous statement .....       | Previous Summary Page, Line 10 \$ _____ |
| (If this is the first statement for the calendar year, enter zero.) |   |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....                      | Add Lines 7 + 8 + 9 \$ <u>1437.85</u>   |

**Current Cash Statement**

|   |   |
|---|---|
| 11. Beginning cash balance .....          | Previous Summary Page, Line 15 \$ <u>2002.62</u>                |
| 12. Cash receipts this period .....       | Line 7 above <u>1437.85</u>                                     |
| 13. Miscellaneous increases to cash ..... | \$ _____  |
| 14. Cash expenditures this period .....   | Line 3 above <u>1147.45</u>                                     |
| 15. ENDING CASH BALANCE THIS PERIOD ..... | Add Lines 11 + 12 + 13, then subtract Line 14 \$ <u>2293.02</u> |

**Recipient Committee  
Campaign Statement – Short Form**

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

Statement covers period  
from 7-1-08  
through 12-31-08

SHORT FORM

**CALIFORNIA  
FORM 450**

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

I.D. NUMBER

1235156

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

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT    | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION   | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                         |
|--------------------|---|---------------------------|--|-----------------------|--|
| 9/18               | RUTH WILLNER  | POS                       |  | 109.92                | Calendar Year<br>\$ <u>234.92</u><br>Other<br>\$ _____ |
|                    |   |                           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.                       |                       |  |
| 9/18               | LDO FOR JUDGE 2008<br>P.O. BOX 27212<br>L.A. CA 90027               | CTB                       | CYNTHIA LDO FOR<br>JUDGE   | 100.00                | Calendar Year<br>\$ <u>100.00</u><br>Other<br>\$ _____ |
|                    |   |                           | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. |                       |  |
| 11/22              | CITY OF MONTEREY PARK<br>320 W. NEWMARK AVE<br>M. P. CA 91754       | RENT ROOM FOR<br>MEETINGS |  | 100.00                | Calendar Year<br>\$ <u>100.00</u><br>Other<br>\$ _____ |
|                    |   |                           | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.                       |                       |  |
| <b>SUBTOTAL \$</b> |   |                           |  | <u>309.92</u>         |  |

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

**Recipient Committee  
Campaign Statement – Short Form**

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

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>7-1-08</u><br>through <u>12-31-08</u> | <b>CALIFORNIA<br/>FORM 450</b> |
| Page <u>4</u> of <u>4</u>  | I.D. NUMBER<br><u>1255156</u>  |

SEE INSTRUCTIONS ON REVERSE  
NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

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

| DATE*              | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF PAYMENT | NAME OF CANDIDATE AND OFFICE OR<br>NAME OF BALLOT MEASURE AND<br>BALLOT NUMBER OR LETTER<br>AND JURISDICTION   | AMOUNT<br>THIS PERIOD | CUMULATIVE<br>AMOUNTS TO DATE*                          |
|--------------------|---|------------------------|--|-----------------------|---|
| 12/18              | WAHIB'S RESTAURANT<br>901 N. MAIN ST.<br>ALHAMBRA, CA 91801         | HOLIDAY PARTY          | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.                                       | 702.53                | Calendar Year<br>\$ <u>1002.53</u><br>Other<br>\$ _____ |
| 9/18               | ALHAMBRA KIDS 2008<br>1515 W. MISSION RD<br>ALHAMBRA, CA 91803      | CTB                    | MEASURE M, M<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 100.00                | Calendar Year<br>\$ <u>100.00</u><br>Other<br>\$ _____  |
|                    |   |                        | <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.                                       |                       | Calendar Year<br>\$ _____<br>Other<br>\$ _____          |
| <b>SUBTOTAL \$</b> |   |                        |  | <u>802.53</u>         |   |

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