

# 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 1-1-09  
 through 6-30-09

Date of election if applicable  
 (Month, Day, Year)  
 \_\_\_\_\_

Date Stamp  
 CITY CLERK OFFICE  
 2009 JUL 31 A 9:16

CALIFORNIA FORM 450  
 Page 1 of 4  
 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
- Supplemental Pre-election Statement - Attach Form 495

## 3. Committee Information

ID NUMBER  
1235156

COMMITTEE NAME

MONTEREY PARK DEMOCRATIC CLUB

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
MONTEREY PARK CA 91755

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

CITY STATE ZIP CODE AREA CODE/PHONE  
MONTEREY PARK CA 91754

OPTIONAL FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

FRANCISCO ALONSO

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91755

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 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 7-31-09  
 DATE

Executed on 7-31-09  
 DATE

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

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

By Francisco Alonso  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
 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>1-1-09</u> through <u>6-30-09</u>	<b>CALIFORNIA FORM</b> <b>450</b>
Page <u>2</u> of <u>4</u>	ID NUMBER <u>1235156</u>

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

**Expenditures Made**

1. Expenditures of \$100 or more made this period.....	\$ <u>1407.52</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>97.23</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	Add Lines 1 + 2 \$ <u>1504.75</u>
4. Nonmonetary Adjustment .....	From Line 8 Below _____
5. Total expenditures made from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6 \$ _____
6. TOTAL EXPENDITURES MADE TO DATE .....	Add Lines 3 + 4 + 5 \$ <u>1504.75</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$ <u>974.50</u>
8. Non-monetary contributions received this period.....	_____
9. Total contributions received from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10 \$ _____
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	Add Lines 7 + 8 + 9 \$ <u>974.50</u>

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page Line 15 \$ <u>2293.02</u>
12. Cash receipts this period .....	Line 7 above <u>974.50</u>
13. Miscellaneous increases to cash .....	\$ _____
14. Cash expenditures this period .....	Line 3 above <u>1504.75</u>
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14 \$ <u>1762.77</u>

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through <u>6-30-09</u>		
Page <u>3</u> of <u>4</u>		ID NUMBER <u>1235156</u>

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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 (IF COMMITTEE, ALSO ENTER ID 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*
2/15	RUTH WILLNER M.P. CA 91755	POS	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	157.52	Calendar Year \$ <u>157.52</u> Other \$ _____
2/19	LA COUNTY DEM. PARTY LA. CA 90010	AFFILIATION	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	100.00	Calendar Year \$ <u>100.00</u> Other \$ _____
2/19	TERRY DE WOLF MONTEREY PARK, CA. 91705	LIT	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	700.00	Calendar Year \$ <u>700.00</u> Other \$ _____
SUBTOTAL \$				<u>957.52</u>	

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

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CALIFORNIA FORM **450**

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DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID 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*
<u>6/27</u>	<u>WAHIB'S RESTAURANT</u> <u>ALHAMBRA, CA 91801</u>	<u>LUNCH MEETING</u>		<u>450.00</u>	Calendar Year \$ <u>450.00</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
				<b>SUBTOTAL \$</b> <u>450.00</u>	

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