

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.

SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

Statement covers period
 from 7/1/2010
 through 12/31/2010

Date of election if applicable:
 (Month, Day, Year)
2011 JAN 24 P 5:12

Date Stamp
 CITY CLERK OFFICE
 2011 JAN 24 P 5:12

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

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 686

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

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 1-20-11
DATE

Executed on 1-19-11
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 from <u>7/1/2010</u> through <u>12/31/2010</u>	CALIFORNIA FORM	450
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NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

I.D. NUMBER

1235156

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>808.64</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>131.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ <u>939.64</u>
4. Nonmonetary Adjustment <i>From Line 8 Below</i>	<u> </u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u> </u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>939.64</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>1347.00</u>
8. Non-monetary contributions received this period	<u> </u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u> </u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>1347.00</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>1581.58</u>
12. Cash receipts this period <i>Line 7 above</i>	<u>1347.00</u>
13. Miscellaneous increases to cash	\$ <u> </u>
14. Cash expenditures this period <i>Line 3 above</i>	<u>939.64</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>1988.94</u>

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Campaign Statement – Short Form**

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Statement covers period from <u>7/1/2010</u>		CALIFORNIA FORM 450
through <u>12/31/2010</u>		
Page <u>3</u> of <u>3</u>		I.D. NUMBER 1235156

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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 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*
12/16	PETRILLO'S RESTAURANT 833 E VALLEY BL SAN GABRIEL, CA 91776	HOLIDAY PARTY	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	673.64	Calendar Year \$ <u>673.64</u> Other \$ _____
12/16	PETRILLO'S RESTAURANT 833 E VALLEY BL SAN GABRIEL, CA 91776	HO;IDAY PARTY	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	135.00	Calendar Year \$ <u>808.64</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$				808.64	

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