

**Recipient Committee  
Campaign Statement  
Cover Page**

AMENDED FOR PERIOD 7/1/16 TO 12/31/16.

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
CITY CLERK OFFICE	Page <u>1</u> of <u>15</u>
2017 AUG -9 P 12:09	For Official Use Only ID # <u>1235756</u>

Statement covers period from <u>7/1/16</u> through <u>12/31/16</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- |  |   |
|--|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee    | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee              | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input checked="" type="checkbox"/> General Purpose Committee            | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored                                       |   |
| <input checked="" type="checkbox"/> Small Contributor Committee          |   |
| <input type="checkbox"/> Political Party/Central Committee               |   |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)                                       |  |

*Ending balance for 7/1/16 to 12/31/16 corrected to match correct beginning balance for 1/1/17 to 6/30/17. Treasurer Error.*

**3. Committee Information**

I.D. NUMBER 1235756

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
MONTEREY PARK DEMOCRATIC CLUB

STREET ADDRESS (NO P.O. BOX)  
715 N. ALHAMBRA SUITE A

CITY STATE ZIP CODE AREA CODE/PHONE  
MONTEREY PARK CA 91755 626-459-9011

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. BOX 954

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

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
ANITA RIVERO

MAILING ADDRESS  
9722 NORLAIN AVE.

CITY STATE ZIP CODE AREA CODE/PHONE  
DOWNEY CA 90240 (562)8063454

NAME OF ASSISTANT TREASURER, IF ANY  
NONE

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 and in the attached schedules 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 8-8-17  
Date

Executed on 8-9-17  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Anita K. Rivero, Treasurer  
Signature of Treasurer or Assistant Treasurer

By [Signature] President  
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

REVISED FOR PERIOD 7/1/16 through 12/31/16

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/16	
through	12/31/16	Page <u>2</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Monterey Park Democratic Club		123 5756

SEE INSTRUCTIONS ON REVERSE

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1832	\$ 3512
2. Loans Received..... Schedule B, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1832	\$ 3512
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1832	\$ 3512

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 2191	\$ 3520
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2191	\$ 3520
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2191	\$ 3520

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
1/1/16	\$ 0
1/1/17	\$ 0

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 2099
13. Cash Receipts..... Column A, Line 3 above	\$ 1832
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 2190
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1741

If this is a termination statement, Line 16 must be zero.

Differences Due to rounding

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

REVISED FOR PERIOD 7/1/16 through 12/31/16

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	7/1/16	
through	12/31/16	Page <u>3</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Monterey Park Democratic Club		1235156

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1832
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1832

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

REVISED FOR PERIOD 7/1/16 through 12/31/16

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>
from	7/1/16	
through	12/31/16	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
Monterey Park Democratic Club		1235156

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NERI'S SIGNS 6018 Whittier BLVD LA, CA. 90022		BANNERS FOR BANQUET	273
PETER CHAN FOR COUNCIL ID # 1349160 329 N. GARFIELD AVE MONTEREY PARK, CA. 91757	CTB		500
DELARIO ROBINSON 1129 KENTON DR MONTEREY PARK, CA. 91757		PLAQUES FOR HOLIDAY PARTY	168

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 941**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 2091
2. Unitemized payments made this period of under \$100.....	\$ 100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 2191</b>

REVISED FOR PERIOD 7/1/16 through 12/31/16

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/16</u> through <u>12/31/16</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>5</u>
	I.D. NUMBER <u>1235156</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MONTEREY PARK DEMOCRATIC CLUB

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>CATHERINE WILLS 701 KINGSFORD MONTEREY PARK, CA. 91754</u>		<u>REIMBURSE HOLIDAY DINNER Expenses</u>	<u>971</u>
<u>RALPH MITCHELL 1459 ABAJO DR MONTEREY PARK, CA. 91754</u>	<u>OFC</u>		<u>179</u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 1150

August 5, 2017

Cindy Trang  
Deputy City Clerk  
City of Monterey Park  
320 West Newmark Avenue  
Monterey Park, California 91754-2896

RE: California Form 460  
Monterey Park Democratic Club, I.D. #1235156

Dear Miss Trang:

The Monterey Park Democratic Club received your letter of July 24 concerning an error on the California Form 460, addressed to the Club Treasurer, Anita Rivero. I was the Treasurer when the error was committed, and I'd like to reply, with the revision of one Form 460.

The error concerns the Club's ending balance for the period 7/1/16 through 12/31/16. The ending balance on our original submission was \$2089. (We did rounding throughout and any discrepancy of totals are all within just a few dollars).

However, our beginning balance for the period 1/1/17 through 6/30/17 (the succeeding period) was and is, \$1741. Therefore the last required reporting, for the period 1/1/17 is correct, and was correct when we submitted it.

The error is the ending balance for the preceding period 7/1/16 through 12/31/16. It is this period for which we are submitting revised forms for California Form 460. Please note that the ending balance for the 7 /1/16 to 12/31/16 period is \$1741. This is the same beginning balance for the 1/1/17 to 6/30/17 as we reported. Therefore, there is no need for a change to our last report. It is correct as it was submitted.

However, we appreciate that fact that your review showed that for the preceding reporting period (7/1/16 to 12/31/16) the ending balance was in error. The true ending balance was \$1741 which is the true beginning balance of our latest report. (1/1/17 to 6/30/17).

We are sending an amended full report with corrections for the period 7/1/16 to 12/31/16. This new amended report shows an ending balance of \$1741, which is the true beginning balance for the latest report.

.....

In your report of error you state that "Page 2 of the Cover Page is missing". I've done several of these and I don't recall the Cover Page has a page two. If you review our revised Form 460 you will see we have reported the same forms we have always reported: Cover Page; Summary Page; Schedule A; and Schedule E (two pages). Please correct me if I am wrong.

The only correctable error, and that we have changed, is correcting the ending balance the (7/1/16 to 12/31/16) after we discovered we omitted one reimbursement for \$179. The ending balance (\$1741) for that period now is the same as the beginning balance for the next period (1/1/17 to 6/30/17).

There are no other correctable errors in the report after we have carefully reviewed our financial records.

Ralph Mitchell  
Treasurer (2015 through 2016)