

Recipient Committee Campaign Statement – 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 1-1-19
 through 6-30-19

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

Date Stamp
 CITY CLERK OFFICE

CALIFORNIA FORM **450**
 Page 1 of 2
 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

3. Committee Information

I.D. NUMBER 1294816

COMMITTEE NAME
CONCERNED CITIZENS OF MONTEREY PARK

STREET ADDRESS (NO P.O. BOX)
1142 KENTON DR.

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91755 626-280-0479

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

Treasurer(s)

NAME OF TREASURER
JEFFERY SU

MAILING ADDRESS
716 CEREZA DR.

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 323-266-6138

NAME OF ASSISTANT TREASURER, IF ANY
TILDA DE WOLFE

MAILING ADDRESS
1142 KENTON DR.

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91755 626-280-0479

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 7-23-19
DATE

By Tilda De Wolfe - Assistant Treasurer
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	1-1-19	
through	6-30-19	Page 2 of 2
NAME OF COMMITTEE		I.D. NUMBER
CONCERNED CITIZENS OF MONTEREY PARK		1294816

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	_____
2. Expenditures under \$100 made this period (Not itemized.).....		120.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$	120.00
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.)	\$	0
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$	120.00

Contributions Received

7. Monetary contributions received this period.....	\$	—
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	\$	—

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$	886.00
12. Cash receipts this period..... Line 7 above		—
13. Miscellaneous increases to cash	\$	—
14. Cash expenditures this period..... Line 3 above		120.00
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$	766.00