

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.

Statement covers period from <u>1/1/2014</u> through <u>6/30/2014</u>	Date of election if applicable: (Month, Day, Year) _____
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Date Stamp CITY CLERK OFFICE 2014 JUL 30 P 12:19	CALIFORNIA FORM 450 Page <u>1</u> of <u>3</u> For Official Use Only
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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 OF MONTEREY PARK

- 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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 7-29-14
DATE

Executed on 7-29-14
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		CALIFORNIA FORM 450
from	1/1/2014	
through	6/30/2014	Page <u>2</u> of <u>3</u>
NAME OF COMMITTEE		I.D. NUMBER
MONTEREY PARK DEMOCRATIC CLUB		1235156

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>266.63</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$	<u>266.63</u>
4. Nonmonetary Adjustment		<u>0</u>
5. Total expenditures made from previous statement	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	\$	<u>266.63</u>

Contributions Received

7. Monetary contributions received this period	\$	<u>787.87</u>
8. Non-monetary contributions received this period		<u>0</u>
9. Total contributions received from previous statement	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$	<u>787.87</u>

Current Cash Statement

11. Beginning cash balance	\$	<u>168.23</u>
12. Cash receipts this period		<u>787.87</u>
13. Miscellaneous increases to cash	\$	<u>0</u>
14. Cash expenditures this period		<u>266.63</u>
15. ENDING CASH BALANCE THIS PERIOD	\$	<u>689.47</u>

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through <u>6/30/2014</u>	
Page <u>3</u> of <u>3</u>	I.D. 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 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*
2/13	RALPH MITCHELL	OFC		113.40	Calendar Year \$ <u>113.40</u> Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
6/11	RALPH MITCHELL	OFC		153.23	Calendar Year \$ <u>266.63</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.		
SUBTOTAL \$				266.63	

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