

# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <b>CONCERNED CITIZENS OF MONTEREY PARK</b>		Date of This Filing <b>6-27-13</b>		Date Stamp <b>2013 JUN 27 A 11: 22</b>		<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>626-2800479</b>		I.D. NUMBER (if applicable) <b>1294816</b>		Report No. <b>4</b>		
STREET ADDRESS <b>P.O. Box 633</b>		CITY <b>MONTEREY PARK, CA</b>		STATE <b>CA</b>		
CITY <b>MONTEREY PARK, CA</b>		STATE <b>CA</b>		ZIP CODE <b>91754</b>		
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		<b>CITY CLERK OFFICE</b>  <b>CITY OF MONTEREY PARK</b>		
		No. of Pages <b>1</b>				

## 1. Contribution(s) Received

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
<b>6-26-13</b>	<b>FRANCISCO ALONSO</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>RETIRED EDUCATOR</b>	<b>\$ 1850. -</b> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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