

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 1-1-16
through 6-30-16

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

CITY CLERK OFFICE
2016 JUL 13 P 4:39

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
- Quarterly Statement
- Special Odd-year Report
- Amendment (Explain) _____
(Also check type of statement you are amending)

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 323-266-6133

NAME OF ASSISTANT TREASURER, IF ANY

TILDA DEWOLFE

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 7-9-16
DATE

By Tilda Dewolfe, 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	<u>1-1-16</u>	
through	<u>6-30-16</u>	Page <u>2</u> of <u>2</u>

NAME OF COMMITTEE

CONCERNED CITIZENS OF MONTEREY PARK

I.D. NUMBER

1294816

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>—</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>\$ 110. —</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$	<u>\$ 110. —</u>
4. Nonmonetary Adjustment..... From Line 8 Below		<u>—</u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the 1st statement for the calendar year, enter zero.)	\$	<u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$	<u>\$ 110. —</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>1.00</u>
8. Non-monetary contributions received this period.....		<u>—</u>
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the 1st statement for the calendar year, enter zero.)	\$	<u>—</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$	<u>1.00</u>

Current Cash Statement

11. Beginning cash balance..... Previous Summary Page, Line 15	\$	<u>2135. —</u>
12. Cash receipts this period..... Line 7 above		<u>1. —</u>
13. Miscellaneous increases to cash	\$	<u>0. —</u>
14. Cash expenditures this period..... Line 3 above		<u>110. —</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$	<u>2026. —</u>