

497 Contribution Report

Amounts may be rounded to whole dollars.

CITY CLERK OFFICE

497 CONTRIBUTION REPORT

NAME OF FILER Yvonne Yiu For City Council 2020		Date of This Filing 02/26/2020 2020 FEB 27 A 7:55	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626)247-4388	I.D. NUMBER (if applicable) 1419742	Report No. 10 CITY OF MONTEREY PARK	
STREET ADDRESS 728 West Edna Place		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Covina	STATE CA	ZIP CODE 91722	
		No. of Pages 1	

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
02/26/2020	Mar LLC. 333 North Atlantic Blvd., Suite 200 Monterey Park, CA 91754	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
02/26/2020	Hagop Youredjian 3604 San Fernando Dr. Glendale, CA 91204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Western Drug Medical Suppliers	2,000.00 <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

*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

Reason for Amendment: _____