

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Jennifer Tang for City Council 2020 District 2		Date of This Filing 03/02/2020	Date Stamp CITY CLERK OFFICE 2020 MAR -2 P 1:26 CITY OF MONTEREY PARK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-808-5761	I.D. NUMBER (if applicable) 1419895	Report No. 5		
STREET ADDRESS 321 De La Fuente St		<input type="checkbox"/> Amendment to Report No. (explain below) 1		
CITY Monterey Park	STATE CA	ZIP CODE 91754		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/29/2020	Mar LLC 331 N Atlantic Blvd Ste 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		2000 <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