

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | |
|------------|----------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| | CITY CLERK OFFICE 4 |
| | Page <u>1</u> of <u>4</u> |
| | For Official Use Only |
| | 2023 JAN 30 P 12:01 |
| | CITY OF MONTEREY PARK |

| | |
|--|---|
| Statement covers period from <u>8-1-22</u> through <u>12-31-22</u> | Date of election if applicable: (Month, Day, Year) <u>N/A</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| <small>(Also Complete Part 5)</small> | <small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1294816

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CONCERNED CITIZENS OF MONTEREY PARK

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY MONTEREY PARK STATE CA ZIP CODE 91755 AREA CODE/PHONE 626-280-479

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY MONTEREY PARK STATE CA ZIP CODE 91754 AREA CODE/PHONE ABOVE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
JEFFERY SU

MAILING ADDRESS
[REDACTED]

CITY MONTEREY PARK STATE CA ZIP CODE 91754 AREA CODE/PHONE 323-266-6138

NAME OF ASSISTANT TREASURER, IF ANY
TILDA DE WOLFE

MAILING ADDRESS
[REDACTED]

CITY MONTEREY PARK STATE CA ZIP CODE 91755 AREA CODE/PHONE 626-280-8479

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 and in the attached schedules 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 1-29-23
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Tilda De Wolfe, Assistant Treasurer
Signature of Treasurer or Assistant Treasurer

By _____
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>8-1-22</u> | CALIFORNIA FORM 460 |
| through <u>12-31-22</u> | |
| Page <u>2</u> of <u>4</u> | I.D. NUMBER <u>1294816</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONCERNED CITIZENS OF MONTEREY PARK

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>20,-</u> | \$ <u>20,-</u> |
| 2. Loans Received..... Schedule B, Line 3 | <u>-</u> | <u>-</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>20,-</u> | \$ <u>20,-</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>-</u> | <u>-</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>20,-</u> | \$ <u>20,-</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>50,-</u> | \$ <u>168,-</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u>-</u> | <u>-</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>50,-</u> | \$ <u>168,-</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>-</u> | <u>-</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | <u>-</u> | <u>-</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>50,-</u> | \$ <u>168,-</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|-----------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>336,-</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>20,-</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>-</u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>50,-</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>306,-</u> |

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>-</u> |
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>-</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>-</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|-------------------------------|
| Statement covers period from <u>8-1-22</u> through <u>12-31-22</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | I.D. NUMBER <u>1294816</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONCERNED CITIZENS OF MONTEREY PARK

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12-15-22 | <u>TILDA DE WOLFE</u> [REDACTED] <u>MONTEREY PARK, CA 91755</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RETIRED</u> | <u>\$20.00</u> | <u>\$20.00</u> | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 20.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 20.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 20.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 20.00

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from <u>8-1-22</u> through <u>12-31-22</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>4</u> |
| I.D. NUMBER <u>1294816</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONCERNED CITIZENS OF MONTEREY PARK

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---------------------------------|-------------|
| <u>SECRETARY OF STATE</u> | | <u>GOVERNMENTAL REQUIREMENT</u> | <u>50.-</u> |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 50.-

Schedule E Summary

- | | |
|--|-----------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>50.-</u> |
| 2. Unitemized payments made this period of under \$100 | \$ _____ |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>50.-</u> |