

**Officeholder and Candidate
Campaign Statement -
Short Form**

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

Amendment (Explain Below)

Date Stamp

CITY CLERK OFFICE

2019 JUL 31 A 11:57

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 19

CITY OF MONTEREY PARK

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Teresa Real Sebastian

STREET ADDRESS
2168 S. Atlantic Blvd., No. 157, Monterey Park, CA 91754

CITY STATE ZIP CODE
626.233.6187 CA 91754

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Monterey Park

Note: Recipient Committee was terminated on April 11, 2018.

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/19
DATE

By Teresa Real Sebastian
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form