

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER <i>MONTEREY PARK POLICE OFFICERS ASSOC</i>		Date of This Filing <i>05/23/13</i>	Date Stamp CITY CLERK OFF 2013 MAY 28 P 3:22 CITY OF MONTEREY PARK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>624/307.1252</i>	I.D. NUMBER (if applicable) <i>821497</i>	Report No. _____		
STREET ADDRESS <i>720 W. NEWMARK AVE</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>MONTEREY PARK</i>	STATE <i>CA</i>	ZIP CODE <i>91707</i>	No. of Pages <i>1</i>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>01/05/13</i>	<i>HANS LIANG FOR CITY COUNCIL</i>	<i>HANS LIANG</i>	<i>\$1000-</i>	<i>03/05/13</i>
<i>02/03/13</i>	<i>FRIEMAN PUBLIC AFFAIRS, INC 1405 MARCELINA, STE 111 TOMBANCE, CA 90801</i>	<i>HANS LIANG / ANTHONY WONG</i>	<i>\$12,500</i>	<i>03/10/13</i>

Reason for Amendment: _____

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NAME OF FILER <i>MONTREY PARK POLICE OFFICERS ASSOC.</i>		Date of This Filing <u>05/23/13</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>626/307-1252</i>	I.D. NUMBER (if applicable) <i>821497</i>	Report No. _____		
STREET ADDRESS <i>320 W. NEWARK AVE</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>MONTREY PARK</i>	STATE <i>CA</i>	ZIP CODE <i>91757</i>	No. of Pages _____	

1. Contribution(s) Received

NONE

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
		<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
		<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