

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yvonne Yiu For City Council 2020		Date of This Filing <u>02/17/2020</u>	Date Stamp CITY CLERK OFFICE 2020 FEB 18 A 8 16 CITY OF MONTEREY PARK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(626) 247-4388</u>	I.D. NUMBER (if applicable) <u>1419742</u>	Report No. <u>4</u>		
STREET ADDRESS <u>728 West Edna Place</u>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY <u>Covina</u>	STATE <u>CA</u>	ZIP CODE <u>91722</u>	No. of Pages <u>1</u>	

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
02/17/2020	Albert Young 988 Kingsford Street Monterey Park, CA 91754 In-Kind contribution	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Executive Network Medical Management, Inc.	1,000.00 <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
		<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

Trang, Cindy

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