Recipient Committee
Campaign Statement – Short Form

Type or print in ink.

Date Stamp	CALIFORNIA FORM **450**
CITY CLERK'S OFFI	

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period	Date of election if applicable: (Month, Day, Year)	JAN 31 † 00 PM '06
from 7-1-05		Page 1 of 5
through 12-31-05		For Official Use Only

CITY OF MONTEREY PARK

1. Type of Recipient Committee:

- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- [x] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee

- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- [ ] Pre-election Statement
- [x] Semi-annual Statement
- [ ] Termination Statement

- [ ] Quarterly Statement
- [ ] Special Odd-year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

- [ ] Amendment (Explain) _____
  (Also check type of statement you are amending)

3. Committee Information

ID NUMBER 123556

COMMITTEE NAME

MONTEREY PARK DEMOCRATIC CLUB

STREET ADDRESS (NO P.O. BOX)
1948 LUPINE AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MONTEREY PARK	CA	91755	323-727-2700

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX
P.O. BOX 475

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

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

GLORIA GUERRERO

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 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 1/31/06 DATE
By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-27-06 DATE
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ DATE
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

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

SHORT FORM
CALIFORNIA FORM **450**

Statement covers period

from _7-1-05_

through _12-31-05_

Page _2_ of _5_

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

ID NUMBER 123456

Expenditures Made

1	Expenditures of $100 or more made this period	$ 3101.29
2	Expenditures under $100 made this period (Not itemized.)	118.59
3	SUBTOTAL EXPENDITURES MADE THIS PERIOD ... Add Lines 1 + 2	$ 3219.88
4	Nonmonetary Adjustment ... From Line 8 Below	
5	Total expenditures made from previous statement ... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	$ 800.05
6	TOTAL EXPENDITURES MADE TO DATE ... Add Lines 3 + 4 + 5	$ 4019.93

Contributions Received

7	Monetary contributions received this period	$ 1707.90
8	Non-monetary contributions received this period	
9	Total contributions received from previous statement ... Previous Summary Page, Line 10 (if this is the first statement for the calendar year, enter zero.)	$ 328.50
10	TOTAL CONTRIBUTIONS RECEIVED TO DATE ... Add Lines 7 + 8 + 9	$ 2036.40

Current Cash Statement

11	Beginning cash balance ... Previous Summary Page, Line 15	$ 3018.50
12	Cash receipts this period ... Line 7 above	1707.90
13	Miscellaneous increases to cash	$
14	Cash expenditures this period ... Line 3 above	3219.88
15	ENDING CASH BALANCE THIS PERIOD ... Add Lines 11 + 12 + 13, then subtract Line 14	$ 1506.52

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CALIFORNIA FORM **450**

Page __3__ of __5__

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

I.D NUMBER

1235156

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
8-13	RUTH WILLNER	MAILINGS	☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	130.29	Calendar Year $ 288.94 Other $
8-13	WABIB'S MIDDLE EAST REST. 910 MAIN ST. ALHAMBRA, CA. 91801	LUNCH MEETING	☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	456.00	Calendar Year $ 456.00 Other $
10-20	DEMOCRATIC HQ OF W.S.G. ALHAMBRA, CA.	LIT	STATE BALLOT MEASURES ☒ Support ☒ Oppose ☐ Contribution ☐ Ind. Exp.	1500.00	Calendar Year $ 1500.00 Other $

SUBTOTAL $ 2086.29

* Required only for payments which are contributions or independent expenditures.

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Statement covers period	
from 7-1-05	
through 12-31-05	Page 4 of 5

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NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

I.D NUMBER

1235156

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11-30	RUTH WILLNER	MAILINGS	☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp	115.00	Calendar Year $ 403.94 Other $_____
11-30	DEATH PENALTY FOCUS 870 MARKET ST, #859 SAN FRANCISCO, CA. 94102	CTB	☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	200.00	Calendar Year $ 200.00 Other $_____
12-13	WAHIB'S MIDDLE EASTERN REST. 910 MAIN ST ALHAMBRA. CA. 9,801	CHRISTMAS PARTY	☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	600.00	Calendar Year $ 1056.00 Other $_____
			SUBTOTAL $ 915.00		

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from _7-1-05_		
through _12-31-05_	Page _5_ of _5_	

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NAME OF COMMITTEE	I D NUMBER
MONTEREY PARK DEMOCRATIC CLUB	1235156

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
12-13	FELIPE AGREDANO	CTB	FELIPE AGREDANO ☒ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.	100.00	Calendar Year $ 100.00 Other $
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ Other $
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ Other $
			SUBTOTAL $	100.00	

* Required only for payments which are contributions or independent expenditures