Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp

CITY CLERK OFFICE

2016 JUL 25 P 12: 01

CITY OF MONTEREY PARK

For Official Use Only

Statement covers period

from __1/1/16__

through __6/30/16__

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

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

- [ ] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- [x] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*

- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)

- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER __1235156__

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Monterey Park Democratic Club

STREET ADDRESS (NO P.O. BOX)
1125 Kenton Drive

CITY Monterey Park STATE CA ZIP CODE 91755 AREA CODE/PHONE 626-378-0403

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 954

CITY Monterey Park STATE CA ZIP CODE 91754 AREA CODE/PHONE NONE

OPTIONAL: FAX / E-MAIL ADDRESS
delariou2@hotmail.com

Treasurer(s)

NAME OF TREASURER
Ralph Mitchell

MAILING ADDRESS
1459 Abajo Dr.

CITY Monterey Park, STATE CA ZIP CODE 91754 AREA CODE/PHONE 626-284-9749

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
ralphandliz@charter.net

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 __July 22, 2016__ By _____ Ralph Mitchell
Date Signature of Treasurer or Assistant Treasurer

Executed on __July 22. 2016__ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement
Summary Page

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

Statement covers period		CALIFORNIA FORM **460**
from	1/1/16	
through	6/30/16	Page __2__ of __4__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monterey Park Democratic Club

I.D. NUMBER
1235156

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .... Schedule A, Line 3		$ 1,680	$ 1,680
2. Loans Received .... Schedule B, Line 3		0	0
3. SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2		$ 1,680	$ 1,680
4. Nonmonetary Contributions .... Schedule C, Line 3		0	0
5. TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4		$ 1,680	$ 1,680

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			
6. Payments Made .... Schedule E, Line 4		$ 1,452	$ 1,452
7. Loans Made .... Schedule H, Line 3		0	0
8. SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7		$ 1,452	$ 1,452
9. Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3		0	0
10. Nonmonetary Adjustment .... Schedule C, Line 3		0	0
11. TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10		$ 1,452	$ 1,452

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	$	1,873
13. Cash Receipts .... Column A, Line 3 above		1,525
14. Miscellaneous Increases to Cash .... Schedule I, Line 4		155
15. Cash Payments .... Column A, Line 8 above		1,452
16. **ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15	$	2,099

If this is a termination statement, Line 16 must be zero.   (rounding = + $2.00)

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).

17. LOAN GUARANTEES RECEIVED .... Schedule B, Part 2	$	0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .... See instructions on reverse	$	0
19. Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$	0

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A
Monetary Contributions Received

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

Statement covers period
from __1/1/2016__
through __6/30/2016__

SCHEDULE A
CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: *Monterey Park Democratic Club*

I.D. NUMBER: *1235156*

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ ~~0~~

pm

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) .... $ __0__

2. Amount received this period – unitemized contributions of less than $100 .... $ __1,680__

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ __1,680__

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

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

Statement covers period

from _11/1/2016_

through _6/30/2016_

CALIFORNIA
FORM **460**

Page _4_ of _4_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Monterey Park Democratic Club

I.D. NUMBER

1235156

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
Delario Robinson 1129 Kenton Dr. Monterey Park, CA. 91755		Reimburse expenses for trophies for "People Make a Difference." PO Box Rental reimbursement	$139
Ralph Mitchell 1459 Abajo Dr. Monterey Park, CA 91754	POS OFC	Reimburse correspondence, office supplies, copies, stamps.	$175
City of Monterey Park 1. community room meeting 2. add'l community room meeting Ocean Star Restaurant. Holiday Expenses + dinner	MTG MTG FND	100 } 140 } 800 }	1,040

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

SUBTOTAL $ 1,354

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 1,354

2. Unitemized payments made this period of under $100 .... $ 98

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ 1,452