

# 497 Contribution Report

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

NAME OF FILER <b>CONCERNED CITIZENS OF MONTEREY PARK COMMITTEE AGAINST MEASURE FF</b>		Date of This Filing <b>6-12-13</b>	497 CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>626-280-0479</b>	I.D. NUMBER (if applicable) <b>1294816</b>	Report No. <b>2</b>	CITY CLERK OFFICE 2013 JUN 12 P 5:18 CITY OF MONTEREY PARK
STREET ADDRESS <b>P.O. Box 633</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY STATE ZIP CODE <b>MONTEREY PARK, CA 91754</b>		No. of Pages <b>1</b>	

## 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
6-12-13	FRANCISCO ALONSO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED EDUCATOR	\$1800.00  <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