

Monterey Park

CITY CLERK'S OFFICE
FEB 23 2022 AM 11:24

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	04 / 06 / 2014

Date of termination
____/____/____

Date Stamp

RECEIVED AND FILED
Office of the Secretary of State
of the State of California

JAN 11 2022

CALIFORNIA FORM 410
For Official Use Only
SANTA CLAY COUNTY
2022 JAN 24 PM 4:33
CAMPAIGN FINANCE

1. Committee Information

I.D. Number (if applicable) 1365928

NAME OF COMMITTEE
MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC SPONSORED BY THE MONTEREY PARK FIREFIGHTERS ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 (310) 817-6679

FULL MAILING ADDRESS (IF DIFFERENT)
Inglewood, CA 90301

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
cine@politicalreportingplus.com / (310) 672-6679

COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Nicholas Lima

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 (310) 817-6679

NAME OF ASSISTANT TREASURER, IF ANY
Cine D. Ivery

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

NAME OF PRINCIPAL OFFICER(S)


STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 1/9/2022 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC SPONSORED BY THE MONTEREY PARK FIREFIGHTERS ASSOCIATION	I.D. NUMBER 1365928
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER		
ADDRESS	CITY Los Angeles	STATE CA	ZIP CODE 90071	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC SPONSORED BY THE MONTEREY PARK FIREFIGHTERS ASSOCIATION

I.D. NUMBER

1365928

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VOTER EDUCATION AND AWARENESS

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Monterey Park Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters

STREET ADDRESS

NO. AND STREET

CITY

Monterey Park

STATE

CA

ZIP CODE

91754

AREA CODE/PHONE

(310) 817-6679

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.