

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  
Not yet qualified  or

Amendment  
List I.D. number:  
# 1294816  
1, 28, 07  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp  
CITY CLERK OFFICE  
2013 JUL -3 A 3: 25  
CITY OF MONTEREY PARK

**CALIFORNIA  
FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
CONCERNED CITIZENS  
OF MONTEREY PARK COMMITTEE  
AGAINST MEASURE FF  
STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
CITY STATE ZIP CODE / AREA CODE/PHONE  
\_\_\_\_\_  
MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 633 MONTEREY PARK, CA 91754  
FAX / E-MAIL ADDRESS  
NO COUNTY FIRE @ hotmail.com  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
LOS ANGELES CITY OF MONTEREY PARK  
IN LOS ANGELES COUNTY

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
JEFFERY SU  
STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_  
NAME OF ASSISTANT TREASURER, IF ANY  
TILDA DE WOLFE  
STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_  
CITY STATE ZIP CODE AREA CODE/PHONE  
\_\_\_\_\_  
NAME OF PRINCIPAL OFFICER(S)  
TERRY DE WOLFE - PRESIDENT  
(LUCIA SU - VICE PRESIDENT)  
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 7-3-13 By Tilda De Wolfe, assistant treasurer  
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

Page 2

COMMITTEE NAME

CONCERNED CITIZENS OF MONTEREY PARK COMMITTEE AGAINST MEASURE FF

I.D. NUMBER

1294816

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION UNION BANK	AREA CODE/PHONE 800-238-4486	BANK ACCOUNT NUMBER 116 002 1272
ADDRESS 850 N. WILCOX AVE.	CITY MONTEBELLO	STATE CA
		ZIP CODE 90640

**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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
MEASURE FF	MONTEREY PARK, CA	<input type="checkbox"/> SUPPORT	<input checked="" type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE