

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee _____ / _____ / _____
 _____ / _____ / _____ Date qualified as committee _____ / 30 / 2020 Date of termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY CLERK OFFICE 2020 JAN 31 A 9:13	

1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) 1293423

NAME OF COMMITTEE
ING FOR CITY COUNCIL 2015

STREET ADDRESS (NO P.O. BOX)
1435 ARRIBA DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 (213)509-7579

MAILING ADDRESS (IF DIFFERENT) _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____

COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____

NAME OF TREASURER
VALERIE LEE

STREET ADDRESS (NO P.O. BOX)
15110 KOURY DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE
HACIENDA HEIGHTS CA 91745 (213)999-9567

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

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 1/30/2020 By Valerie Lee
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/30/2020 By [Signature]
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

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COMMITTEE NAME

ING FOR CITY COUNCIL 2015

I.D. NUMBER

1293423

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

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	AREA CODE/PHONE (626)312-2067	BANK ACCOUNT NUMBER 000 466944658
ADDRESS 110 W. GARVEY AVE.,	CITY MONTEREY PARK	STATE CA
		ZIP CODE 91754

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	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
MITCHELL ING	CITY COUNCIL OF MONTEREY PARK	2015	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

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

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COMMITTEE NAME

ING FOR CITY COUNCIL 2015

I.D. NUMBER

1293423

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

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