R19 /423785

Monterey park

Statement of Organization
Recipient Committee

Statement Type	☑ Initial	☐ Amendment	☐ Termination – See Part 5
	● Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
	___/___/___	___/___/___	___/___/___

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

2020 JAN 14 PM 3:41

CAMPAIGN FINANCE
k/14

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

NAME OF COMMITTEE

Leilani Morales for City Council 2020

NAME OF TREASURER

Leilani Morales

STREET ADDRESS (NO P.O. BOX)

1000 Fulton Avenue

CITY	**STATE**	**ZIP CODE**	**AREA CODE/PHONE**
Monterey Park	CA	91755	626.571.8726

STREET ADDRESS (NO P.O. BOX)

1000 Fulton Avenue

CITY	**STATE**	**ZIP CODE**	**AREA CODE/PHONE**
Monterey Park	CA	91755	626.571.8725

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

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

leilani.morales1118@gmail.com

CITY	**STATE**	**ZIP CODE**	**AREA CODE/PHONE**

COUNTY OF DOMICILE	**JURISDICTION WHERE COMMITTEE IS ACTIVE**

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

Attach additional information on appropriately labeled continuation sheets.

CITY	**STATE**	**ZIP CODE**	**AREA CODE/PHONE**

(vertical stamp: CITY OF MONTEREY PARK 2020 FEB 18 A 11:2 CITY CLERK OFFICE)

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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	12/6/19	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	12/6/19	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

Leilani Morales for City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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)
Leilani Morales	Monterey Park City Council - District 4	2020	✓	☐	
			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 ☐
		SUPPORT ☐	OPPOSE ☐

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov