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Monterey Park

# Statement of Organization Recipient Committee

Statement Type

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

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**SEP 28 2022**

**CALIFORNIA FORM 410**  
For Official Use Only  
LOS ANGELES COUNTY  
2022 OCT 24 PM 4:34  
CAMPAIGN FINANCE

1. Committee Information				2. Treasurer and Other Principal Officers			
<b>I.D. Number</b> <i>(if applicable)</i>							
NAME OF COMMITTEE <b>Amy Lee for City Treasurer 2022</b>				NAME OF TREASURER <b>Amy Lee</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>Monterey Park</b>	STATE <b>CA</b>	ZIP CODE <b>91754</b>	AREA CODE/PHONE <b>626-768-3286</b>	CITY <b>Monterey Park</b>	STATE <b>CA</b>	ZIP CODE <b>91754</b>	AREA CODE/PHONE <b>213-399-5988</b>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>amylee.law@gmail.com</b>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>Los Angeles</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Monterey Park</b>		NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

CITY OF MONTEREY PARK  
 2022 NOV 2  
 CITY CLERK OFFICE

### 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	<u>09/17/2022</u>	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>09/17/2022</u>	DATE	By		SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>Amy Lee for City Treasurer 2022</b>	I.D. NUMBER
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**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION <b>California Bank Trust</b>	AREA CODE/PHONE <b>323-268-2831</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY <b>Monterey Park</b>	STATE <b>CA</b>
		ZIP CODE <b>91754</b>

**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		
Amy Lee	Monterey Park City Treasurer	2022	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		
			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	
Amy Lee	Monterey Park City Treasurer	SUPPORT	OPPOSE
		<input checked="" type="checkbox"/>	
		SUPPORT	OPPOSE