

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input checked="" type="radio"/> Date qualification threshold met _____/_____/_____ 06 / 17 / 2022	Date of termination _____/_____/_____

Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
CITY CLERK OFFICE CITY CLERK OFFICE 2024 JUL 16 P 12:05 2024 JUL 25 P 12:29 CITY OF MONTEREY PARK MONTEREY PARK	

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1449320		NAME OF TREASURER	
Sanchez for Monterey Park City Council 2024				Jose Sanchez	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
[REDACTED]				[REDACTED] Norwalk	
CITY		STATE		CITY	
Norwalk		CA		Norwalk	
FULL MAILING ADDRESS (IF DIFFERENT)		ZIP CODE		STATE	
		90650		CA	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		AREA CODE/PHONE		ZIP CODE	
iorellana@gouldorellana.com / (213) 489-4818		(213) 489-4792		90650	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF ASSISTANT TREASURER, IF ANY	
Los Angeles		Monterey Park		David L. Gould	
				STREET ADDRESS (NO P.O. BOX)	
				[REDACTED] Norwalk	
				CITY	
				Norwalk	
				STATE	
				CA	
				ZIP CODE	
				90650	
				NAME OF PRINCIPAL OFFICER(S)	
				Ingrid Harris (Assistant Treasurer)	
				STREET ADDRESS (NO P.O. BOX)	
				[REDACTED] Norwalk	
				CITY	
				Norwalk	
				STATE	
				CA	
				ZIP CODE	
				90650	
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				Norwalk	
				STATE	
				CA	
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				CA	
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				[REDACTED] Norwalk	
				CITY	
				Norwalk	
				STATE	
				CA	
				ZIP CODE	
				90650	

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 _____	By <u>David L. Gould</u>	_____
DATE	<small>David L. Gould (from 7/5, 2024 11:52 AM)</small>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By <u>[Signature]</u>	_____
DATE	<small>Jose Sanchez (from 7/5, 2024 11:52 AM)</small>	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

**CALIFORNIA
FORM 410**

Page 2 of 4

COMMITTEE NAME
Sanchez for Monterey Park City Council 2024

I.D. NUMBER
1449320

2. Additional Officers (continued)

NAME	POSITION
Nadia Modesto-Assistant Treasurer	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
[REDACTED]	Norwalk CA 90650
E-MAIL ADDRESS	AREA CODE/PHONE
nmodesto@gouldorellana.com	(213) 489-4792

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Sanchez for Monterey Park City Council 2024	I.D. NUMBER 1449320
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust David L. Gould, Ingrid Harris, Nadia Modesto, Diana Reynoso	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	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		
Jose Sanchez	City Council Member Monterey Park District 3	2024	Nonpartisan X	Partisan	(list political party below)
			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
Sanchez for Monterey Park City Council 2024

I.D. NUMBER
1449320

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

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 ponent 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.











CA410

Final Audit Report

2024-07-03

Created:	2024-06-25
By:	Diana Reynoso (dreynoso@gouldorellana.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAPR5Jq8a3G9HeAlI2UHlj3jsTSMJDS5MI

"CA410" History

-  Document created by Diana Reynoso (dreynoso@gouldorellana.com)
2024-06-25 - 6:47:56 PM GMT
-  Document emailed to dl Gould (dlgould@gouldorellana.com) for signature
2024-06-25 - 6:48:01 PM GMT
-  Email viewed by dl Gould (dlgould@gouldorellana.com)
2024-06-25 - 6:51:27 PM GMT
-  Signer dl Gould (dlgould@gouldorellana.com) entered name at signing as David L. Gould
2024-06-25 - 6:52:15 PM GMT
-  Document e-signed by David L. Gould (dlgould@gouldorellana.com)
Signature Date: 2024-06-25 - 6:52:17 PM GMT - Time Source: server
-  Document emailed to josesanchezformpk@gmail.com for signature
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-  Email viewed by josesanchezformpk@gmail.com
2024-07-03 - 3:50:25 AM GMT
-  Signer josesanchezformpk@gmail.com entered name at signing as Jose Sanchez
2024-07-03 - 3:51:08 AM GMT
-  Document e-signed by Jose Sanchez (josesanchezformpk@gmail.com)
Signature Date: 2024-07-03 - 3:51:10 AM GMT - Time Source: server
-  Agreement completed.
2024-07-03 - 3:51:10 AM GMT