

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

Date Stamp: CITY CLERK OFFICE, 2024 JUL 23 A 11:52, CITY OF MONTEREY PARK. CALIFORNIA FORM 410 For Official Use Only.

1. Committee Information (NAME OF COMMITTEE, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, E-MAIL ADDRESS, COUNTY OF DOMICILE, JURISDICTION WHERE COMMITTEE IS ACTIVE). I.D. Number: 980800. 2. Treasurer and Other Principal Officers (NAME OF TREASURER, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, EMAIL ADDRESS OF TREASURER, NAME OF ASSISTANT TREASURER, IF ANY, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, EMAIL ADDRESS OF ASSISTANT TREASURER, NAME OF PRINCIPAL OFFICER(S), STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, EMAIL ADDRESS OF PRINCIPAL OFFICER(S)).

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 07/19/2024 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

I.D. NUMBER
980800

2. Additional Officers (continued)

NAME	POSITION
Izzy Flores - President	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
██████████	Monterey Park CA 91754
E-MAIL ADDRESS	AREA CODE/PHONE
cine@politicalreportingplus.com	(626) 307-1201

NAME	POSITION
Ken Tam - Secretary	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
██████████	Monterey Park CA 91745
E-MAIL ADDRESS	AREA CODE/PHONE
dirtbags374@gmail.com	(213) 228-1700

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION	I.D. NUMBER 980800
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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 - Cine D. Ivery	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		(list political party below)
			Nonpartisan	Partisan	

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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
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I.D. NUMBER
980800

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

Voter Education and Awareness

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Monterey Park Police Officers Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Police Officers

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Monterey Park

CA

91754

(626) 277-1816

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.