Statement of Organization
Recipient Committee

Statement Type

- ☑ Initial
  - ● Not yet qualified
    - or
  - ○ Date qualification threshold met

  ____/____/____

- ☐ Amendment
  - Date qualification threshold met

  ____/____/____

- ☐ Termination – See Part 5
  - Date of termination 2019 DEC -6 P 4:10

  ____/____/____

Date Stamp

CITY CLERK OFFICE

CITY OF MONTEREY PARK

For Official Use Only

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1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Fred Sornoso for City Council 2020

STREET ADDRESS (NO P.O. BOX)
793 West Gleason Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(626) 826-0949

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
fsornoso@sbcglobal.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Fred Sornoso

STREET ADDRESS (NO P.O. BOX)
793 West Gleason Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(626) 826-0949

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

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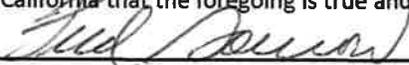
Executed on	12/6/19	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Fred Sornoso 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		
Fred Sornoso	Monterey Park City Council - District 3	2020	Nonpartisan ✓	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 ☐
		SUPPORT ☐	OPPOSE ☐

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Fred Sornoso for City Council 2020

I.D. NUMBER

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 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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