

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Initial [X], Not yet qualified [O], Date qualification threshold met [X] 01 / 28 / 2020

Amendment [O], Date qualification threshold met

Termination - See Part 5 [O], Date of termination

Date Stamp: CITY CLERK OFFICE, 2020 FEB -9 A 12: 26, CITY OF MONTEREY PARK

CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE: MONTEREY PARK FIRST RESPONDERS FOR COMMUNITY INVESTMENT IN SUPPORT OF MEASURES GG + HH, SPONSORED BY THE MONTEREY PARK FIREFIGHTERS AND MONTEREY PARK POLICE OFFICERS ASSOCIATIONS

STREET ADDRESS (NO P.O. BOX): 111 N. La Brea Ave., Suite 408, Inglewood, CA 90301. FULL MAILING ADDRESS (IF DIFFERENT): 111 N. La Brea Ave., Suite 408 Inglewood, CA 90301. E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): (310) 672-6679 / cine@politicalreportingplus.com. COUNTY OF DOMICILE: Los Angeles. JURISDICTION WHERE COMMITTEE IS ACTIVE: Monterey Park.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Cine D. Ivery. STREET ADDRESS (NO P.O. BOX): 111 N. La Brea Ave., Suite 408, Inglewood, CA 90301. NAME OF ASSISTANT TREASURER, IF ANY: Michelle Moore Sanders. STREET ADDRESS (NO P.O. BOX): 111 N. La Brea Ave., Suite 408, Inglewood, CA 90301. NAME OF PRINCIPAL OFFICER(S): Scott Kelley. STREET ADDRESS (NO P.O. BOX): 2001 S Garfield Ave, Monterey Park, CA 91701.

Attach additional information on appropriately labeled continuation sheets.

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 1/28/2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 1/28/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. Executed on [ ] By [ ] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. Executed on [ ] By [ ] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
MONTEREY PARK FIRST RESPONDERS FOR COMMUNITY INVESTMENT IN SUPPORT OF MEASURES GG + HH, SPONSORED BY THE MONTEREY PARK FIREFIGHTERS AND MONTEREY PARK POLICE OFFICERS ASSOCIATIONS

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER 5797614848
ADDRESS 550 S Hope Street, Suite 100	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	
			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
General Tax Proposition : GG	City of Monterey Park	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advisory Sales Tax Proposition : HH	City of Monterey Park	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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			
Monterey Park Firefighters Association		Firefighters			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
2001 S Garfield Ave		Monterey Park	CA	91701	(626) 307-1458

**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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Recipient Committee**

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CALIFORNIA  
FORM **410**

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I.D. NUMBER

INSTRUCTIONS ON REVERSE

**COMMITTEE NAME**

MONTEREY PARK FIRST RESPONDERS FOR COMMUNITY INVESTMENT IN SUPPORT OF MEASURES GG + HH, SPONSORED BY THE MONTEREY PARK FIREFIGHTERS AND MONTEREY PARK POLICE OFFICERS ASSOCIATIONS

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR Monterey Park Police Officers Association		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Police Officers		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
	320 W Newmark Ave	Monterey Park	CA	91754 (626) 307-1201
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**Priority Delivery**  
10:30am or Noon

**Saturday Delivery**

**Ground Delivery**



### Shipping Instructions

1. Attach your tracking label

1/31/2020

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- Dedicated account ma

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**Ship From**  
POLITICAL REPORTING PLUS  
CINE D IVERY  
111 N. LA BREA AVE., SUITE 408  
INGLEWOOD, CA 90301

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**CPS**

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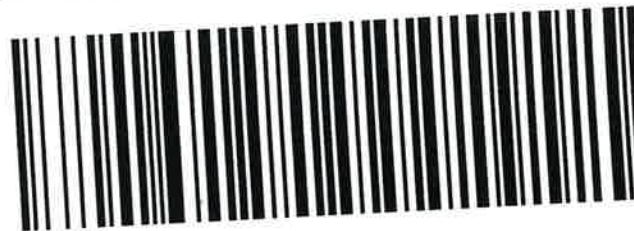


**Ship To**  
MONTEREY PARK CITY CKERK  
DAVID M. BARRON  
320 W NEWMARK AVE  
MONTEREY PARK, CA 91754

**MONTEREY PARK**

**S91754A**

**COD: \$0.00**  
**Weight: 0 lb(s)**  
**Reference:**  
MP BALLOT MEASURE  
**Delivery Instructions:**



15155528

**NWK CA906-CP1**

**Priority Envelope**