

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	6 / 30 / 2020

Date Stamp	<b>CALIFORNIA FORM 410</b>
CITY CLERK OF	For Official Use Only
2020 AUG -3 P 2:33	
CITY OF MONTEREY PARK	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1419895 <small>(if applicable)</small>				NAME OF TREASURER Jason Rogers			
NAME OF COMMITTEE Jennifer Tang for City Council 2020 District 2				STREET ADDRESS (NO P.O. BOX) 321 De La Fuente St			
STREET ADDRESS (NO P.O. BOX) 321 De La Fuente St.				CITY Monterey Park	STATE CA	ZIP CODE 91754	AREA CODE/PHONE 626-808-5761
CITY Monterey Park	STATE CA	ZIP CODE 91754	AREA CODE/PHONE 626-808-5761	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jenniferlovetang@gmail.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

**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>7/1/2020</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>7/1/2020</u>	By		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