

**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	Date qualification threshold met ____/____/____	Date of termination 07 / 30 / 2020

Date Stamp	<b>CALIFORNIA FORM 410</b>
CITY CLERK OFFICE	For Official Use Only
2020 JUL 31 P 4:10	
CITY OF MONTEREY PARK	

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1424564 <small>(if applicable)</small>							
NAME OF COMMITTEE Fred Sornoso for City Council 2020				NAME OF TREASURER Fred Sornoso			
STREET ADDRESS (NO P.O. BOX) 793 W. Gleason Street				STREET ADDRESS (NO P.O. BOX) 793 W. Gleason Street			
CITY Monterey Park		STATE CA	ZIP CODE 91754	AREA CODE/PHONE 626-826-0949	CITY Monterey Park		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) fsornoso@sbcglobal.net				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park, CA		CITY STATE ZIP CODE AREA CODE/PHONE			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				NAME OF PRINCIPAL OFFICER(S)			
				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 07/30/20 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/20 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