

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met _____/_____/_____
 Amendment
 Termination - See Part 5
 Date of Termination: 6 / 30 / 2020

Date Stamp: JUL 30 2020

RECEIVED AND FILED in the office of the Secretary of State of the State of California

CITY CLERK OFFICE

2020 OCT 20 AM 11:38

CALIFORNIA FORM 410

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2020 AUG 10 PM 4:56

CAMPAIGN FINANCE

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Jennifer Tang for City Council 2020 District 2				NAME OF TREASURER Jason Rogers			
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
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jenniferlovetang@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Monterey Park		NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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 7/1/2020 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/1/2020 By [Signature]
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