

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="radio"/> Date qualification threshold met	Date of termination
____/____/____	03 / 05 / 2022	____/____/____

Date Stamp

CALIFORNIA FORM 410

CITY CLERK OFFICE


2022 MAR 10 A 8:12

CITY OF MONTEREY PARK

1. Committee Information		I.D. Number 1440854 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Jason Dhing for Monterey Park City Council 2022		NAME OF TREASURER Larry Sullivan				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)		CITY Monterey Park		STATE CA	ZIP CODE 91754	AREA CODE/PHONE 626-569-8459		NAME OF ASSISTANT TREASURER, IF ANY	
CITY Monterey Park		STATE CA	ZIP CODE 91754	AREA CODE/PHONE 626-569-8459		STREET ADDRESS (NO P.O. BOX)			
FULL MAILING ADDRESS (IF DIFFERENT)		CITY		STATE	ZIP CODE	AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Jason4MPK1@gmail.com		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX)					
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY		STATE	ZIP CODE	AREA CODE/PHONE	
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 3.9.2022 By LARRY C. SULLIVAN 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/9/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Jason Dhing for Monterey Park City Council 2022

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

NAME OF FINANCIAL INSTITUTION

Cathay Bank

AREA CODE/PHONE

626-588-1911

BANK ACCOUNT NUMBER

1

ADDRESS

QTY

STATE

ZIP CODE

1000

Monterey Park

CA

91754

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		
Jason Dhing	Monterey Park City Council, District 1	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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

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I.D. NUMBER

COMMITTEE NAME

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 ponent 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.