

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

RECEIVED BY
LOS ANGELES COUNTY
2022 AUG 12 PM 5:24
Date of Termination
07 / 18 / 2022
CAMPAIGN FINANCE

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State of California
JUL 22 2022
CITY OF MONTEREY PARK

CALIFORNIA FORM 410
For Official Use Only
OCT 31 P 12:20

Monterey Park

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number (if applicable) 1353529				NAME OF TREASURER LANNY YU			
NAME OF COMMITTEE HANS LIANG FOR CITY COUNCIL 2017				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE MONTEREY PARK CA 91754 (213)215-8896				MONTEREY PARK CA 91754 (213) 819-9889			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED)/ FAX (OPTIONAL) hansliang@sbcglobal.net				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE LOS ANGELES		JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF MONTEREY PARK		CITY STATE ZIP CODE AREA CODE/PHONE			
NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				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 7/18/22 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/18/22 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