

MONTEREY PARK

Rejected: _____
Returned: PA 9-2-2022

Statement of Organization
Recipient Committee

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of the State of California
SEP 30 2022

2022 OCT 24 PM 4:42
Date of termination
CAMPAIGN FINANCE

AUG 26 2022

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
Tammy Wong for City Council 2022

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 323-253-0462

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
tammy.wong22@hotmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Tammy Wong

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park CA 91754 323-253-0462

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

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 August 11, 2022 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on August 11, 2022 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

CITY CLERK OFFICE
2022 DEC - 6 A 10:55
CITY OF MONTEREY PARK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Tammy Wong for City Council 2022	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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		
Tammy C. Wong	Monterey Park City Council #1	2022	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) Democratic
			Nonpartisan	Partisan	(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
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Tammy Wong for City Council 2022

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I.D. NUMBER

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, orponent 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.