

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
02 / 27 / 2007	____ / ____ / ____	____ / ____ / ____

Date Stamp	CALIFORNIA FORM 410
CITY CLERK OF	For Official Use Only
2023 NOV 28 P 12:58	
CITY OF MONTEREY PARK	

COPY

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		980800		NAME OF TREASURER			
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION				David Castellano			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
[REDACTED]				[REDACTED]		Monterey Park CA 91754	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
cine@politicalreportingplus.com / (310) 672-6679				dirtbags374@gmail.com		(213) 228-1700	
CITY STATE ZIP CODE AREA CODE/PHONE				NAME OF ASSISTANT TREASURER, IF ANY			
Monterey Park CA 91754 (310) 817-6679				Cine D. Ivery			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
[REDACTED] Inglewood, CA 90301				[REDACTED]		Inglewood CA 90301	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
cine@politicalreportingplus.com / (310) 672-6679				cine@politicalreportingplus.com		(310) 817-6679	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Los Angeles Monterey Park				Troy Grant, President			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
				[REDACTED]		Monterey Park CA 91754	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	
				cine@politicalreportingplus.com		(626) 307-1201	

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 NOV 17 2023 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 4

COMMITTEE NAME
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS
ASSOCIATION

I.D. NUMBER
980800

2. Additional Officers (continued)

NAME	POSITION	
Ray Cota, Vice President	Principal Officer	
STREET ADDRESS (NO P.O. BOX)	CITY	STATE/ZIP CODE
[REDACTED]	Monterey Park	CA 91754
E-MAIL ADDRESS	AREA CODE/PHONE	
	(626) 307-1201	

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION	I.D. NUMBER 980800
---	-----------------------

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Los Angeles	STATE CA	ZIP CODE 90071

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		(list political party below)
			Nonpartisan	Partisan	

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

ID. NUMBER
980800

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
Voter Education and Awareness

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR Monterey Park Police Officers Association	INDUSTRY GROUP OR AFFILIATION OF SPONSOR Police Officers
--	---

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Monterey Park	CA	91754	(626) 277-1816

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.