

1420824

Monterey Park

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 RECEIVED BY ALLOAN ANGELLES COUNTY CAMPAIGN FINANCE

Statement of Organization Recipient Committee

Statement Type

Initial **Amendment** **Termination - See Part 5**

Not yet qualified or
 Date qualification threshold met

08 / 29 / 2019

Date qualification threshold met _____
 Date of termination _____

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

NAME OF COMMITTEE
 Friends of Allan Shatkin for Monterey Park City Council 2020

STREET ADDRESS (NO P.O. BOX)
 249 E. Ocean Blvd. Ste 685

CITY STATE ZIP CODE AREA CODE/PHONE
 Long Beach CA 90802 (213)489-4792

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 (213)489-4818 / dlgould@gouldorellana.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Los Angeles Monterey Park

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Allan Shatkin

STREET ADDRESS (NO P.O. BOX)
 512 West Floral Drive

CITY STATE ZIP CODE AREA CODE/PHONE
 Monterey Park CA 91754 (310)428-7166

NAME OF ASSISTANT TREASURER, IF ANY
 David Gould

STREET ADDRESS (NO P.O. BOX)
 249 E. Ocean Blvd. Ste. 685

CITY STATE ZIP CODE AREA CODE/PHONE
 Long Beach CA 90802 (213)489-4792

NAME OF PRINCIPAL OFFICER(S)
 Ingrid Orellana (Assistant Treasurer)

STREET ADDRESS (NO P.O. BOX)
 249 E. Ocean Blvd. Ste. 685

CITY STATE ZIP CODE AREA CODE/PHONE
 Long Beach CA 90802 (213)489-4792

Attach additional information on appropriately labeled continuation sheets.

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 8-29-19 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/27/19 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

COMMITTEE NAME Friends of Allan Shatkin for Monterey Park City Council 2020	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 Nano Banc	AREA CODE/PHONE (844) 626-0262	BANK ACCOUNT NUMBER 6500101465
ADDRESS 10900 Wilshire Blvd. #320	CITY Los Angeles	STATE ZIP CODE CA 90024

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			Nonpartisan	Partisan	
Allan Shatkin	City Council Member Monterey Park: City of Monterey Park District 3	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Allan Shatkin for Monterey Park City Council 2020

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, or proponent 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.