

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	06 / 30 / 2020

Date Stamp
CITY CLERK OFFICE
2020 JUL 29 A 10:19

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				(if applicable)	NAME OF TREASURER			
Margaret Leung for MPK City Council					Larry Sullivan			
STREET ADDRESS (NO P.O. BOX)					STREET ADDRESS (NO P.O. BOX)			
1526 Ridgcrest Way					1590 Abajo Drive			
CITY	STATE	ZIP CODE	AREA CODE/PHONE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	626.269.9813		Monterey Park	CA	91754	626.428.1877
FULL MAILING ADDRESS (IF DIFFERENT)					NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)					STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE	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			

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 7.28.20 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER LARRY C. SULLIVAN

Executed on 7.28.20 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT MARGARET LEUNG

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

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