

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  
 Not yet qualified  or

04/06, 2014  
 Date qualified as committee

Amendment  
 List I.D. number: \_\_\_\_\_

# 2014 MAY - 9 P 12:42  
 Date qualified as committee (If applicable) \_\_\_\_\_

*R 19 Monterey Park 1365928*

**CITY CLERK OFFICE**

Date Stamp <b>FILED</b> In the office of the Secretary of State of the State of California APR 10 2014	<b>CALIFORNIA FORM 410</b> For Official Use Only 2014 APR 14 PM 3:27 CAMPAIGN FIN DISCLOSURE <i>RGAR</i>
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**1. Committee Information**

NAME OF COMMITTEE  
**MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC**

STREET ADDRESS (NO P.O. BOX)  
**2001 S. GARFIELD AVENUE**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MONTEREY PARK	CA	91754	(213)489-4792

MAILING ADDRESS (IF DIFFERENT)  
**3700 WILSHIRE BLVD., #1050B, L.A., CA 90010**

FAX / E-MAIL ADDRESS  
**213-489-4818**

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**NICK LIMA**

STREET ADDRESS (NO P.O. BOX)  
**3700 WILSHIRE BLVD., SUITE 1050B**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	(213)489-4792

NAME OF ASSISTANT TREASURER, IF ANY  
**MICHELLE MOORE SANDERS**

STREET ADDRESS (NO P.O. BOX)  
**3700 WILSHIRE BLVD., SUITE 1050B**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	(213)489-4792

NAME OF PRINCIPAL OFFICER(S)  
**DAVID L. GOULD, ASSISTANT TREASURER**

STREET ADDRESS (NO P.O. BOX)  
**3700 WILSHIRE BLVD., SUITE 1050B**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90010	(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 4/8/2014 By *Michelle Moore Sanders*  
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

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Recipient Committee**

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COMMITTEE NAME  
**MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>CALIFORNIA BANK AND TRUST</b>	AREA CODE/PHONE <b>(213)228-1700</b>	BANK ACCOUNT NUMBER <b>3240555921</b>
ADDRESS <b>550 S. HOPE STREET, SUITE 100</b>	CITY <b>LOS ANGELES,</b>	STATE ZIP CODE <b>CA 90071</b>

**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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME  
**MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC**

**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		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**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.