

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: List I.D. number:
 _____ # _____ # 1354476
 _____ _____ _____ _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp	CALIFORNIA FORM 410 <small>For Official Use Only</small>
CITY CLERK OFFICE 2013 JUL 30 A 9:23 CITY OF MONTEREY PARK	

1. Committee Information

NAME OF COMMITTEE
Friends of Joseph Leon for Treasurer 2013

STREET ADDRESS (NO P.O. BOX)
1001 Divina Vista St

CITY Monterey Park	STATE CA	ZIP CODE 91754	AREA CODE/PHONE (626)376-6787
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MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE _____	JURISDICTION WHERE COMMITTEE IS ACTIVE _____
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rolanda Yee Leon

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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NAME OF PRINCIPAL OFFICER(S)
Joseph Leon

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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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 7/30/2013 By Rolanda Yee Leon
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/30/13 By Joseph Leon
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

Page 2

COMMITTEE NAME

Friends of Joseph Leon for Treasurer 2013

I.D. NUMBER

1354478

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

NAME OF FINANCIAL INSTITUTION Citibank	AREA CODE/PHONE (626) 573-1711	BANK ACCOUNT NUMBER 42005486784
ADDRESS 201 N Garfield Ave	CITY Monterey Park	STATE ZIP CODE CA 91754

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
Joseph Leon	Monterey Park City Treasurer	2013	<input checked="" 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"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Friends of Joseph Leon for Treasurer 2013

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1354478

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

Supply administrative support for campaign

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.