

19

Monterey Park  
1355997

# Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(If applicable)

2, 26, 13  
Date qualified as committee

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

RECEIVED AND FILED in the office of the Secretary of the State of California

Date Stamp: MAR 04 2013

DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

2013 MAR 14 AM 11:13

DISCLOSURE SECTION

## 1. Committee Information

NAME OF COMMITTEE

VINCENT DIONICIO CHANG  
FOR MP CITY CLERK 2013

STREET ADDRESS (NO P.O. BOX)

2410 W. VALLEY BL.

CITY STATE ZIP CODE AREA CODE/PHONE

ALHAMBRA CA 91803 213/250-1188

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

L.A.

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

DOBA LEUNG

STREET ADDRESS (NO P.O. BOX)

2410 W. VALLEY BL.

CITY STATE ZIP CODE AREA CODE/PHONE

ALHAMBRA CA 91803 213/250-1188

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

VINCENT DIONICIO CHANG

NAME OF PRINCIPAL OFFICER(S)

2410 W. VALLEY BL.

STREET ADDRESS (NO P.O. BOX)

MONTEREY PARK CA 91703 213/250-1188

CITY STATE ZIP CODE AREA CODE/PHONE

CITY CLERK OFFICE  
2013 APR - 8  
APR 30

## 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 2/27/13  
DATE

Executed on 2/27/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

VINCENT DIONICIO CHANG FOR MP CITY CLERK 2013

I.D. NUMBER

**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 "non-partisan."
- 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
VINCENT DIONICIO CHANG	MP CITY CLERK	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
CITI BANK	626-573-1711	<del>XXXXXXXXXX</del> 205132368
ADDRESS	CITY	STATE ZIP CODE
201 N. GARFIELD AVE.	M.P.	CA 91754

**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
/	/		
		SUPPORT	OPPOSE