

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1235156

_____/_____/_____
Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

| | |
|--|---|
| Date Stamp | CALIFORNIA FORM 410 For Official Use Only |
| CITY CLERK OFFICE 2010 JAN 26 P 5: 25 | |

1. Committee Information

NAME OF COMMITTEE

MONTEREY PARK DEMOCRATIC CLUB

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91755

MAILING ADDRESS (IF DIFFERENT)

MONTEREY PARK, CA 91754

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

LOS ANGELES

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

FRANCISCO ALONSO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91755

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

PETER CHAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MONTEREY PARK CA 91755

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 1-26-2010
DATE

Executed on 1-25-10
DATE

Executed on _____
DATE

Executed on _____
DATE

By Francisco Alonso
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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