

**Statement of Organization  
Recipient Committee**



**Statement Type**

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1365928

04/06/2014

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

|                       |                                |
|-----------------------|--------------------------------|
| Date Stamp            | <b>CALIFORNIA<br/>FORM 410</b> |
| CITY CLERK OFFICE     | For Official Use Only          |
| 2015 JUL 10 A 9:21    |                                |
| CITY OF MONTEREY PARK |                                |

**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    | 310-817-6679    |

MAILING ADDRESS (IF DIFFERENT)  
111 N. La Brea Ave., Suite 408  
Inglewood, CA 90301

FAX / E-MAIL ADDRESS  
310-388-5506 cine@politicalreportingplus.com

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|--|
| Los Angeles        | Monterey Park                          |

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Nicholas Lima

STREET ADDRESS (NO P.O. BOX)  
2001 S. Garfield Avenue

| CITY              | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-------|----------|-----------------|
| Monterey Park, CA |       | 91754    | 310-817-6679    |

NAME OF ASSISTANT TREASURER, IF ANY

Cine D. Ivery

STREET ADDRESS (NO P.O. BOX)  
111 N. La Brea Ave., Suite 408

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Inglewood, CA |       | 90301    | 310-817-6679    |

NAME OF PRINCIPAL OFFICER(S)

Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX)  
111 N LA Brea Ave., Suite 408

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Inglewood, CA |       | 90301    | 310-817-6679    |

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 | <u>JUN 28 2015</u> | By | <u>Cine D. Ivery</u> | SIGNATURE OF TREASURER OR ASSISTANT TREASURER                                |
| Executed on | _____              | By | _____                | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____              | By | _____                | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____              | By | _____                | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
MONTEREY PARK FIREFIGHTERS ASSOCIATION PAC

I.D. NUMBER  
1365928

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

|  |                                 |                                   |
|--|---------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>California Bank & Trust | AREA CODE/PHONE<br>213-228-1700 | BANK ACCOUNT NUMBER<br>3240555921 |
| ADDRESS<br>550 South Hope Street, Ste. 100               | CITY<br>Los Angeles             | STATE ZIP CODE<br>CA 90071        |

**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<br>(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<br>(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

|                            |  |
|----------------------------|--|
| <b>CALIFORNIA FORM 410</b> |  |
| 3 of 3                     |  |
| I.D. NUMBER                |  |
| 1365928                    |  |

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.