

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

____/____/____
Date qualified as committee

Amendment

List I.D. number:

1392622

12 / 01 / 2016

Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

____/____/____
Date of Termination

Date Stamp

CITY CLERK OFFICE
2017 JAN 17 A 10:23
CITY OF MONTEREY PARK

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Margaret Leung for MPK City Council 2017

STREET ADDRESS (NO P.O. BOX)

1526 Ridgcrest Way

CITY

Monterey Park

STATE

Ca

ZIP CODE

91754

AREA CODE/PHONE

(626)269-9813

MAILING ADDRESS (IF DIFFERENT)

333 W. Garvey Ave Ste 136

FAX / E-MAIL ADDRESS

Monterey Park Ca 91754

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Monterey Park, Ca.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Larry Sullivan

STREET ADDRESS (NO P.O. BOX)

1590 Abajo Dr.

CITY

Monterey Park

STATE

Ca

ZIP CODE

91754

AREA CODE/PHONE

(626)428-1877

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

1/17/2017

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

1/16/2017

DATE

By

Margaret Leung

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1392622
 Date qualified as committee: 12/01/2016
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(If applicable)

Date Stamp	CALIFORNIA FORM 410
CITY CLERK OFFICE 2017 JAN 17 A 10: 22 CITY OF MONTEREY PARK	
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE
Margaret Leung for MPK City Council 2017

STREET ADDRESS (NO P.O. BOX)
1526 Ridgecrest Way

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park Ca 91754 (626)269-9813

MAILING ADDRESS (IF DIFFERENT)
333 W. Garvey Ave Ste 736

FAX / E-MAIL ADDRESS
Monterey Park Ca 91754

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Monterey Park, Ca.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Larry Sullivan

STREET ADDRESS (NO P.O. BOX)
1590 Abajo Dr.

CITY STATE ZIP CODE AREA CODE/PHONE
Monterey Park Ca 91754 (626)428-1877

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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Executed on 1/17/2017 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/16/2017 By Margaret Leung
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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