

**Statement of Organization
Recipient Committee**

Monterey Park

RECEIVED AND FILED ^{Date Stamp}
in the office of the Secretary of State
of the State of California

MAR 30 2018

CALIFORNIA FORM 410

For Official Use Only
SANTA CLAY COUNTY
2018 APR -9 PM 3:02
CAMPAIGN FINANCE

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified
or
 Date qualified as committee 02 / 27 / 2007 _____
Date qualified as committee Date of termination

1. Committee Information **I.D. Number** 821497 **2. Treasurer and Other Principal Officers**
(if applicable)

NAME OF COMMITTEE
MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE
SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

STREET ADDRESS (NO P.O. BOX)
320 W. Newmark Ave

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

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
(310) 672-6679 / cine@politicalreportingplus.com

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

NAME OF TREASURER
Arlene G. Chaidez

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 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)
Troy Grant

STREET ADDRESS (NO P.O. BOX)
320 W Newmark Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(626) 307-1201

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 MAR 26 2018 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

CITY OF MONTEREY PARK
2018 JUL 13 P 12:00
CITY CLERK OFFICE
FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MONTEREY PARK POLICE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE SPONSORED BY MONTEREY PARK POLICE OFFICERS ASSOCIATION

I.D. NUMBER

821497

2a. Additional Officers / Assistant Treasurers

NAME

Lee Norris

MAILING ADDRESS

320 W Newmark Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(626) 307-1201

NAME

Robin Lopez

MAILING ADDRESS

320 W Newmark Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Monterey Park	CA	91754	(626) 307-1201

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION F&A Federal Credit Union	AREA CODE/PHONE (323) 268-1226	BANK ACCOUNT NUMBER 455900
ADDRESS 2625 Corporate Place	CITY Monterey Park	STATE CA
		ZIP CODE 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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER
821497

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 Political Party/Central 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	AREA CODE/PHONE

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.

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COMMITTEE NAME

I.D. NUMBER

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821497

2a. Additional Officers / Assistant Treasurers

NAME

Michelle Moore Sanders

MAILING ADDRESS

111 N. La Brea Ave., Suite 408

CITY STATE ZIP CODE AREA CODE/PHONE
Inglewood CA 90301 (310) 817-6679

NAME

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