

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 08 / 08 / 2019

Amendment
 Date qualification threshold met _____ / _____ / _____

Termination - See Part 5
 Date of termination 2019 OCT 19 AM 11:20

Date Stamp
RECEIVED AND FILED
 office of the Secretary of State
 of the State of California
AUG 19 2019

CALIFORNIA FORM 410
 For Official Use Only
ANGELES COUNTY
 2019 AUG 27 AM 11:51
 CAMPAIGN FINANCE
 R/PA

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
NO RECALL - CHAN & LIANG

STREET ADDRESS (NO P.O. BOX)
330 DE LA FUENTE STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 213 215-8896

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
HANSLIANG@SBCGLOBAL.NET

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES CITY OF MONTEREY PARK

2. Treasurer and Other Principal Officers

NAME OF TREASURER
HANS LIANG

STREET ADDRESS (NO P.O. BOX)
330 DE LA FUENTE STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 213 215 8896

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
HANS LIANG

STREET ADDRESS (NO P.O. BOX)
330 DE LA FUENTE STREET

CITY STATE ZIP CODE AREA CODE/PHONE
MONTEREY PARK CA 91754 213 215 8896

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 08/12/2019 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/12/2019 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 08/12/2019 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
NO RECALL - CHAN & LIANG

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION EAST WEST BANK	AREA CODE/PHONE 626 281 3800	BANK ACCOUNT NUMBER 8008009162
ADDRESS 720 W. GARVEY AVE	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	PARTY CHECK ONE		(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
RECALL - PETER CHAN	MONTEREY PARK CITY COUNCIL MEMBER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RECALL - HANS LIANG	MONTEREY PARK CITY COUNCIL MEMBER	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
NO RECALL - CHAN & LIANG

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

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.