

**Statement of Organization  
Recipient Committee**

Statement Type

|   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial  | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met   | Date of termination  |
| ____/____/____  | ____/____/____                     | 01 / 29 / 2020   |

|                    |                            |
|--------------------|----------------------------|
| Date Stamp         | <b>CALIFORNIA FORM 410</b> |
| CITY CLERK OFFICE  | For Official Use Only      |
| 2020 JAN 30 A 7:52 |                            |

|                                 |  |  |
|---------------------------------|--|--|
| <b>1. Committee Information</b> | <b>I.D. Number</b><br><i>(if applicable)</i> 84-221447 | <b>2. Treasurer and Other Principal Officers</b> |
|---------------------------------|--|--|

NAME OF COMMITTEE  
RESIDENTS THAT SUPPORT THE RECALL OF HANS LIANG

STREET ADDRESS (NO P.O. BOX)  
2168 S ATLANTIC BLVD #270

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| MONTEREY PARK | CA    | 91754    | 626-803-2838    |

FULL MAILING ADDRESS (IF DIFFERENT)  
505 BRIGHTWOOD ST, MONTEREY PARK, CA 91754

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
tammylouie626@yahoo.com

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

NAME OF TREASURER  
Tammy Louie

STREET ADDRESS (NO P.O. BOX)  
2168 S Atlantic Blvd #270

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Monterey Park | CA    | 91754    | 626-803-2838    |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

NAME OF PRINCIPAL OFFICER(S)  
Paul Isozaki


STREET ADDRESS (NO P.O. BOX)  
2168 South Atlantic Blvd #270

| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| Monterey Park | CA    | 91754    | 626-236-8480    |

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 | 01/29/2020 | 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         |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME  
RESIDENTS THAT SUPPORT THE RECALL OF HANS LIANG

I.D. NUMBER  
84-221447

- 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>323-268-2831 | BANK ACCOUNT NUMBER<br>579 560 7828 |
| ADDRESS<br>2107 S Atlantic Blvd                          | CITY<br>Monterey Park           | STATE ZIP CODE<br>CA 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY<br>CHECK ONE       |                          | (list political party below) |
|--|---|------------------|--------------------------|--------------------------|------------------------------|
|  |   |                  | Nonpartisan              | Partisan                 |                              |
|  |   |                  | <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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | 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> |           |
| Page 3                     |           |
| I.D. NUMBER                | 84-221447 |

COMMITTEE NAME  
RESIDENTS THAT SUPPORT THE RECALL OF HANS 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  
Residents that Support the Recall of Peter Chan

**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.