

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/____

Termination - See Part 5
 Date of termination 01, 01, 2020

Date Stamp
 CITY CLERK OFFICE
 2020 OCT -6 A 10:29
 CITY OF MONTEREY PARK
CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information I.D. Number (if applicable) 1257816 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
FRIENDS OF BOB PEREZ

STREET ADDRESS (NO P.O. BOX)
2116 ANGEL CREST DR.

CITY STATE ZIP CODE AREA CODE/PHONE
HACIENDA HEIGHTS CA. 91745

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER
Paul Tamayo

STREET ADDRESS (NO P.O. BOX)
13738 Chestnut st

CITY STATE ZIP CODE AREA CODE/PHONE
Whittier CA 90605

NAME OF ASSISTANT TREASURER, IF ANY
ROBERT PEREZ

STREET ADDRESS (NO P.O. BOX)
2116 ANGEL CREST DR.

CITY STATE ZIP CODE AREA CODE/PHONE
HACIENDA HEIGHTS CA 91745 (213) 361-1157

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 11/20/20 By Paul Tamayo SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/01/2020 By [Signature] 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

Page 2

COMMITTEE NAME

FRIENDS OF BOB PEREZ

I.D. NUMBER

1257816

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

NAME OF FINANCIAL INSTITUTION BANK OF AMERICA	AREA CODE/PHONE 626 453-8400	BANK ACCOUNT NUMBER 06517-09111
ADDRESS 1969 S. ATLANTIC BLVD	CITY MONTELEONE PARK CA.	STATE ZIP CODE 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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan	Partisan	
BOB PEREZ	CITY COUNCIL	3/4/2013	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEMOCRAT
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

I.D. NUMBER

FRIENDS OF BOB PEIREZ

1257810

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

NONE

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.