

19

1449429

Monterey Park

# Statement of Organization Recipient Committee

RECEIVED AND FILED in the office of the Secretary of State of the State of California

Date Stamp: JUN 27 2022

CALIFORNIA FORM 410

For Official Use Only

LOS ANGELES COUNTY

2022 JUL -8 PM 2:37

CAMPAIGN FINANCE

Statement Type

Initial  
 Not yet qualified or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met

Termination - See Part 5  
 Date of termination

06 / 16 / 22

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE				NAME OF TREASURER								
HANS LIANG FOR CITY CLERK 2022				LANNY YU								
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)								
[REDACTED]				[REDACTED]								
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE					
MONTEREY PARK	CA	91754	(213)215-8896	MONTEREY PARK	CA	91754	(213) 819-9889					
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY								
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)								
hansliang@sbcglobal.net												
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)								
LOS ANGELES		CITY OF MONTEREY PARK										
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)								
				CITY				STATE	CITY	ZIP CODE	AREA CODE/PHONE	
									2022			

### 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 6/16/22 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/16/22 By [Signature]  
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  
 31 P 12:21  
 CITY CLERK OFFICE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME HANS LIANG FOR CITY CLERK 2022	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 626 572 4633	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY ROSEMEAD	STATE CA
		ZIP CODE 91770

**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		
HANS LIANG	MONTEREY PARK CITY CLERK	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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