

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1354476
01 / 22 / 13
Date qualified as committee
(If applicable)

Termination – See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp

CITY CLERK OFFICE
2013 JAN 24 A 10:43
CITY OF MONTEREY PARK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Friends of Joseph Leon for Treasurer 2013

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rolanda Yee Leon

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/23/2013
DATE

Executed on 01/23/2013
DATE

Executed on _____
DATE

Executed on _____
DATE

By Rolanda Yee Leon
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Joseph Leon
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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