

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:
1235156

_____/_____/_____
Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp CITY CLERK OFF 2015 JAN 20 A 10:17 CITY OF MONTEREY PARK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Monterey Park Democratic Club

STREET ADDRESS (NO P.O. BOX)
1129 Kenton Drive

CITY Monterey Park	STATE CA	ZIP CODE 91755	AREA CODE/PHONE (626)378-0403
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MAILING ADDRESS (IF DIFFERENT)
PO Box 954

FAX / E-MAIL ADDRESS
delariou2@hotmail.com

COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Monterey Park
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Ralph Mitchell

STREET ADDRESS (NO P.O. BOX)
1459 Abajo Drive

CITY Monterey Park	STATE CA	ZIP CODE 91755	AREA CODE/PHONE (626)284-9749
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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NAME OF PRINCIPAL OFFICER(S)
Delario Robinson

STREET ADDRESS (NO P.O. BOX)
1129 Kenton Drive

CITY Monterey Park	STATE CA	ZIP CODE 91755	AREA CODE/PHONE (626)378-0403
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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 1/10/15 By Ralph Mitchell
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/10/2015 By Sam M. Johnson
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

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COMMITTEE NAME

Monterey Park Democratic Club

I.D. NUMBER

1235156

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

NAME OF FINANCIAL INSTITUTION Bank of Manhattan		AREA CODE/PHONE (323)726-1141	BANK ACCOUNT NUMBER 122243295-0201818701	
ADDRESS 2417 W Whittier Blvd	CITY Montebello	STATE CA	ZIP CODE 90640	

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."
- 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
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	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"/>

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COMMITTEE NAME

Monterey Park Democratic Club

I.D. NUMBER

1235156

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

Democratic Club to Support Democratic Candidates and Issues

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

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.