

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 08 / 08 / 2019 | <input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____ | <input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------|-----------------------------------------------------|
| Date Stamp | CALIFORNIA FORM 410 For Official Use Only |
| CITY CLERK OFFICE 2019 AUG - 8 P 1: 53 CITY OF MONTEREY PARK | |

| | |
|---------------------------------|--------------------------------------------------|
| 1. Committee Information | 2. Treasurer and Other Principal Officers |
|---------------------------------|--------------------------------------------------|

I.D. Number
(if applicable)

NAME OF COMMITTEE
NO RECALL - CHAN & LIANG

STREET ADDRESS (NO P.O. BOX)
330 DE LA FUENTE STREET

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| MONTEREY PARK | CA | 91754 | 213 215 8896 |

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
HANSLIANG@SBCGLOBAL.NET

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|--------------------|----------------------------------------|
| LOS ANGELES | CITY OF MONTEREY PARK |

NAME OF TREASURER
HANS LIANG

STREET ADDRESS (NO P.O. BOX)
330 DE LA FUENTE STREET

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------|-------|----------|-----------------|
| MONTEREY PARK | CA | 91754 | 213 215 8896 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

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

NAME OF PRINCIPAL OFFICER(S)

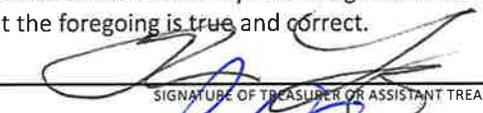
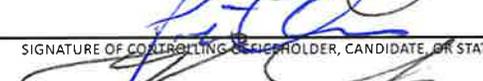
STREET ADDRESS (NO P.O. BOX)

| 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 | 08/08/2019 | By |  |
| | DATE | | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| Executed on | 08/08/2019 | By |  |
| | DATE | | SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | 08/08/2019 | By |  |
| | DATE | | SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | DATE | By | SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
NO RECALL - CHAN & LIANG

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 626 281 3800 | BANK ACCOUNT NUMBER 2008041580 | | |
| ADDRESS 720 W. GARVEY AVE | CITY MONTEREY PARK | STATE CA | ZIP CODE 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 CHECK ONE | | (list political party below) |
|--------------------------------------------------------|---------------------------------------------------------------------------|------------------|-----------------------------------------|--------------------------------------|------------------------------|
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | |
| | | | <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) 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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| RECALL - PETER CHAN | MONTEREY PARK CITY COUNCIL MEMBER | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| RECALL - HANS LIANG | MONTEREY PARK CITY COUNCIL MEMBER | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Recipient Committee

INSTRUCTIONS ON REVERSE

| | |
|-------------------|------------|
| CALIFORNIA | 410 |
| FORM | |
| Page 3 | |
| I.D. NUMBER | |

COMMITTEE NAME
NO RECALL - CHAN & 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

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.