

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes qualification and termination dates.

Date Stamp: CITY CLERK OF CITY OF MONTEREY PARK. CALIFORNIA FORM 410 For Official Use Only. 2023 JUN -7 P 1:18

1. Committee Information I.D. Number (if applicable) 1453479

NAME OF COMMITTEE: RESIDENTS FOR MEASURE MP. STREET ADDRESS: [Redacted]. CITY: Inglewood, STATE: CA, ZIP CODE: 90301, AREA CODE/PHONE: (310) 817-6679. COUNTY OF DOMICILE: Los Angeles, JURISDICTION WHERE COMMITTEE IS ACTIVE: Monterey Park.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Cine D. Ivery. STREET ADDRESS: [Redacted]. CITY: Inglewood, STATE: CA, ZIP CODE: 90301, AREA CODE/PHONE: (310) 817-6679. NAME OF ASSISTANT TREASURER, IF ANY: Samahndi Cunningham. STREET ADDRESS: [Redacted]. CITY: Inglewood, STATE: CA, ZIP CODE: 90301, AREA CODE/PHONE: (310) 817-8667. NAME OF PRINCIPAL OFFICER(S): Patrick Mangto. STREET ADDRESS: [Redacted]. CITY: Monterey Park, STATE: CA, ZIP CODE: 91755, AREA CODE/PHONE: (818) 749-1376.

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 6/5/2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

RESIDENTS FOR MEASURE MP

LD. NUMBER

1453479

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Los Angeles	STATE ZIP CODE CA 90071

**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	
			<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	OPPOSE
General tax proposition to maintain Monterey Park's long term financial stability and locally controlled services : MP	City of Monterey Park	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

RESIDENTS FOR MEASURE MP

**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.