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1396575

Statement of Organization
Recipient Committee

R19

Statement Type
 Initial

Amendment

Not yet qualified or

List I.D. number:

Termination - See Part 5

List I.D. number:

Date qualified as committee
____/____/____
Date qualified as committee
(if applicable)
____/____/____
Date of Termination
____/____/____

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

MAY 04 2017

CALIFORNIA FORM 410

For Official Use Only

MAY 16 PM 2:46

CAMPAIGN FINANCE

R/S

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

NAME OF TREASURER

Scott Kwong for San Marino City Council 2017

Scott Kwong

STREET ADDRESS (NO P.O. BOX)
[Redacted]

STREET ADDRESS (NO P.O. BOX)
[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted] CA 91118 [Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

San Marino CA 91118 [Redacted]

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 80795 San Marino CA 91118

STREET ADDRESS (NO P.O. BOX)

FAX / E-MAIL ADDRESS

scott.kwong@yahoo.com

NAME OF PRINCIPAL OFFICER(S)

Los Angeles San Marino, CA

Scott Kwong

CITY STATE ZIP CODE AREA CODE/PHONE

[Redacted]

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 5/11/17 By [Redacted]

Executed on 5/11/17 By [Redacted]

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Scott Kwong for San Marino City Council 2017

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

NAME OF FINANCIAL INSTITUTION

Chase Bank

AREA CODE/PHONE

626-237-3988

BANK ACCOUNT NUMBER

151637572

ADDRESS

2998 Huntington Dr.

CITY

San Marino

STATE

CA

ZIP CODE

91108

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

Scott Kwong

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

City Council

YEAR OF ELECTION

2017

PARTY

Nonpartisan
 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
SUPPORT OPPOSE