

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualified as committee

Amendment

Date qualified as committee

Termination - See Part 5

12 / 31 / 2017
Date of termination

Date Stamp

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1. Committee Information

I.D. Number
(if applicable)

1398630

NAME OF COMMITTEE

Dr. Hai-Sou Chen for City Council 2017

STREET ADDRESS (NO P.O. BOX)

CITY

San Marino

STATE

CA

ZIP CODE

91108

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Marino

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lydia Huang

STREET ADDRESS (NO P.O. BOX)

CITY

San Marino

STATE

CA

ZIP CODE

91108

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 1/19/2018 By [Signature]

Executed on 1/19/2018 By [Signature]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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