

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp
*Received
9/21/20*

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF TREASURER			
Hank Trimble for City Council 2020				William Parmenter			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
22221 Bloomfield Ave SPT 27				12258 212th St.			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Cypress	CA	90630	562-458-9988	Hawaiian Gardens	CA	90716	(562) 209-9701
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		NAME OF ASSISTANT TREASURER, IF ANY			
		Pamela Laughlin		Pamela Laughlin			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
hanktrimble@hotmail.com		22221 Bloomfield Ave.		22221 Bloomfield Ave. SPC 30			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Cypress	CA	90630	(714) 742-8310	Cypress	CA	90630	(714) 742-8310
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Los Angeles	Hawaiian Gardens & environs			James Elred			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)			
		22010 Joliet Ave.		22010 Joliet Ave.			
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
Hawaiian Gardens		CA		90716		(562) 991-2756	

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	<u>Aug. 31, 2020</u>	By	<u>William Parmenter</u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>9-21-2020</u>	By	<u>Hank Trimble</u>
	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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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Hank Trimble for City Council 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION School First Federal Credit Union	AREA CODE/PHONE 714-258-4000	BANK ACCOUNT NUMBER 1504823
ADDRESS 17500 Bloomfield Ave	CITY Cerritos, CA	STATE ZIP CODE CA 90701

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		
Hank Trimble	City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below) (not applicable)
			Nonpartisan	Partisan	(list political party below)

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
		SUPPORT	OPPOSE