

**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
____/____/____	____/____/____	____/____/____

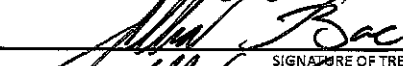

Date Stamp  
SEP 15 '20 PM 3:26

**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 <b>ALBA BAC FOR CITY COUNCIL 2020</b>				NAME OF TREASURER <b>Alba Bac</b>				STREET ADDRESS (NO P.O. BOX) <b>21607 Juan Ave. #39</b>			
STREET ADDRESS (NO P.O. BOX) <b>21607 Juan Ave. Apt. #39</b>				CITY <b>Hawaiian Gardens</b>	STATE <b>CA</b>	ZIP CODE <b>90716</b>	AREA CODE/PHONE <b>(562) 205-7032</b>	NAME OF ASSISTANT TREASURER, IF ANY			
CITY <b>Hawaiian Gardens</b>				STATE <b>CA</b>	ZIP CODE <b>90716</b>	AREA CODE/PHONE <b>(562) 205-7032</b>	STREET ADDRESS (NO P.O. BOX)				
FULL MAILING ADDRESS (IF DIFFERENT)				CITY				STATE	ZIP CODE	AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>alba777damaris@gmail.com</b>				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <b>Los Angeles</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>City of Hawaiian Gardens</b>		CITY				STATE	ZIP CODE	AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)				CITY			
				CITY				STATE	ZIP CODE	AREA CODE/PHONE	

**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>09-09-20</u>	By	<u></u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>09-09-20</u>	By	<u></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 ALBA BAC 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 WELLS FARGO BANK	AREA CODE/PHONE (562) 467-5340	BANK ACCOUNT NUMBER 5944972685
ADDRESS 13355 South St.	CITY Cerritos	STATE CA
		ZIP CODE 90703

**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		
Alba Bac	City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>