

RECEIVED BY  
LOS ANGELES COUNTY

2020 JUL 17 PM 1:28

CAMPAIGN FINANCE

HAWAIIAN  
GARDENS

R19  
L  
1427192

Statement of Organization  
Recipient Committee

Statement Type

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

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
JUN 12 2020

**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 Farfan for City Council 2020				NAME OF TREASURER Victor Farfan			
STREET ADDRESS (NO P.O. BOX) 12319 213 ST				STREET ADDRESS (NO P.O. BOX) 12319 213 ST			
CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	AREA CODE/PHONE 562-500-3281	CITY Hawaiian Gardens	STATE CA	ZIP CODE 90716	AREA CODE/PHONE 562-500-3281
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Councilmember.victor.farfan@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE			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 6/5/20 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/5/20 By [Signature]  
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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

COMMITTEE NAME <b>Farfan for City Council 2020</b>			Page 2
			I.D. NUMBER
All committees must list the financial institution where the campaign bank account is located.			
NAME OF FINANCIAL INSTITUTION <b>US Bank</b>	AREA CODE/PHONE <b>562 598 8611</b>	BANK ACCOUNT NUMBER <b>157524932850</b>	
ADDRESS <b>3996 Bail Rd</b>		CITY <b>Los Alamitos, CA</b>	STATE ZIP CODE <b>90720</b>
<b>4. Type of Committee</b> 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		
<b>Victor Farfan</b>	<b>Hawaiian Gardens City Council</b>	<b>2020</b>	Nonpartisan	Partisan	(list political party below)
			<input checked="" type="checkbox"/>		
			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