


Rec'd
8/7/2020
@ 3:10 pm


**Statement of Organization
Recipient Committee**

Statement Type

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


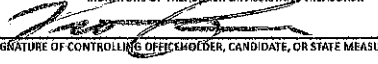
**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1427192		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, CA		STATE CA		ZIP CODE 90716		AREA CODE/PHONE 502-500-3281	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) councilmembervictorfarfan@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY			
Attach additional information on appropriately labeled continuation sheets.				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>8/6/20</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>8/6/20</u>	By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
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Executed on	_____	By	_____
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