**Statement of Organization**  
Recipient Committee

**1. Committee Information**

**NAME OF COMMITTEE**

Ricardo Munoz for City Council 2012

**STREET ADDRESS (NO P.O. BOX)**

[Redacted]

**CITY**

[Redacted]

**STATE**

CA

**ZIP CODE**

[Redacted]

**MAILING ADDRESS (IF DIFFERENT)**

Los Angeles  
CA  90012

**OPTIONAL: FAX/E-MAIL ADDRESS**

[Redacted]

**COUNTY OF DOMICILE**

Los Angeles

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

Los Angeles

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

Ricardo Munoz

**STREET ADDRESS (NO P.O. BOX)**

[Redacted]

**CITY**

[Redacted]

**STATE**

CA

**ZIP CODE**

[Redacted]

**AREA CODE/PHONE**

[Redacted]

**NAME OF ASSISTANT TREASURER, IF ANY**

[Redacted]

**STREET ADDRESS (NO P.O. BOX)**

[Redacted]

**CITY**

[Redacted]

**STATE**

CA

**ZIP CODE**

[Redacted]

**AREA CODE/PHONE**

[Redacted]

**NAME OF PRINCIPAL OFFICER(S)**

Ricardo Munoz

**STREET ADDRESS (NO P.O. BOX)**

[Redacted]

**CITY**

[Redacted]

**STATE**

CA

**ZIP CODE**

[Redacted]

**AREA CODE/PHONE**

[Redacted]

**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 9-25-12

Executed on 9-25-12

Executed on [Date]  

Executed on [Date]  

Executed on [Date]  

By

By

By

By

SIGNATURE OF CONTROLLING OFFICER

HOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER

HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (April/2011)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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 "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ricardo Monty</td>
<td>City Council</td>
<td>2012</td>
<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>