

**Statement of Organization
Recipient Committee**

R19
L 1425690

HAWAIIAN GARDENS

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
MAR 04 2020

CALIFORNIA FORM 410
For Official Use Only
CAMPAIGN FINANCE
2020 MAR 16 PM 2:33
LOS ANGELES COUNTY

Statement Type

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

1. Committee Information **I.D. Number (if applicable)** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Del Rio for Council 2020

STREET ADDRESS (NO P.O. BOX)
22008 Devlin Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Hawaiian Gardens CA 90716 (562) 338-1118

FULL MAILING ADDRESS (IF DIFFERENT)
N/A

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
delriotere@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

NAME OF TREASURER
Maria Teresa Del Rio

STREET ADDRESS (NO P.O. BOX)
22008 Delvin Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Hawaiian Gardens CA 90716 (562) 338-1118

NAME OF ASSISTANT TREASURER, IF ANY
Yolanda Miranda

STREET ADDRESS (NO P.O. BOX)
728 West Edna Place

CITY STATE ZIP CODE AREA CODE/PHONE
Covina CA 91722 (626) 915-7635

NAME OF PRINCIPAL OFFICER(S)
Covina

STREET ADDRESS (NO P.O. BOX)

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 2/25/2020 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/25/2020 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

COMMITTEE NAME

Del Rio for Council 2020

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

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		(list political party below)
			Nonpartisan	Partisan	
Maria Teresa Del Rio	City Council Member Hawaiian Gardens	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Del Rio for Council 2020

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Hawaiian Gardens

Statement of Organization Recipient Committee

Statement Type: [] Initial, [x] Amendment, [] Termination - See Part 5. Date qualification threshold met: 06 / 30 / 2020.

Date Stamp: 2020 JUL 24 AM 9:41. LOS ANGELES COUNTY CAMPAIGN FINANCE

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1. Committee Information I.D. Number 1425690 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Del Rio for Council 2020. STREET ADDRESS: 22008 Devlin Ave. CITY: Hawaiian Gardens STATE: CA ZIP CODE: 90716 AREA CODE/PHONE: (562) 338-1118. E-MAIL ADDRESS: delriotere@yahoo.com. COUNTY OF DOMICILE: Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF TREASURER: Maria Teresa Del Rio. STREET ADDRESS: 22008 Delvin Ave. CITY: Hawaiian Gardens STATE: CA ZIP CODE: 90716 AREA CODE/PHONE: (562) 338-1118. NAME OF ASSISTANT TREASURER, IF ANY: Yolanda Miranda. STREET ADDRESS: 728 West Edna Place. CITY: Covina STATE: CA ZIP CODE: 91722 AREA CODE/PHONE: (626) 915-7635.

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 information going is true and correct.

Executed on 07/17/2020 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 07/17/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Del Rio for Council 2020

I.D. NUMBER

1425690

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER 5797616017		
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE CA	ZIP CODE 90071	

4. Type of Committee. Complete the applicable sections.

Controlled Committee

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			Nonpartisan	Partisan	(list political party below)
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			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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STATE Committee

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INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

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Date qualified

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