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Initial	Statement of Organization Recipient Committee	on L^{19} $HL5$	690 R	ECEIVED AND FILED	FORM 410
Committee Information 1. D. Number (if applicable) 1. D. Number	Statement Type 🗵 Initial	☐ Amendment	☐ Termination – See Part 5	of the State of California	For Official Use Only
1. D. Number (ff applicable) MARIE OF COMMITTE Dal Rio for Council 2020 Maria Terresa Del Rio STREET ADDRESS (NO RO. DOX) STREET	or	ł	net Date of termination	MAR 04 2020	
Del Rio for Council 2020 Maria Teresa Del Rio STRETA ADDRESS (NO DO, DCX) MARIA GATGERS CA 90716 (562) 338-1118 TO LANGE OF MARIA DEL PROPERTOR (NO DCX) STRETA ADDRESS (NO DO, DCX) AREA CODE, PHONE AREA COD	1. Committee Information		and the state of t	Other Principal Officers	Algh Algh
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TABLE TO THE TOTAL STATE TO THE STATE TH		CA 90716 (562)338-			<u> </u>
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Attach additional information on appropriately labeled continuation sheets.		•		STALE	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 DATE Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By		HIRISDICTION WHERE COMMITTEE IS ACTIVE		CA	91722 (626) 915-7635
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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 DATE Executed on 2/25/2020 DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on By	nos Angeles		STREET ADDRESS (NO P.O. BOX)		
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 of Controlling OfficeHolder, Candidate, or State Measure Proponent Executed on Date By Signature of Controlling OfficeHolder, Candidate, or State Measure Proponent Executed on By Signature of Controlling OfficeHolder, Candidate, or State Measure Proponent	Attach additional information on	n appropriately labeled continuation sheets.	спү	STATE	ZIP CODE AREA CÓDE/PHONE
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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

A								
Statement of Organization Recipient Committee		_	8 54			FO	ORNIA 4	10
							Page 2 of 3	
COMMITTEE NAME	7.5		12		ł	I.D. NUMBER		3.5
Del Rio for Council 2020								
 All committees must list the financial institution where the campaign b 	ank accour	it is located.		*				
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOU	NT NUMBER				
ADDRESS	CITY		STATE	Zfi	CODE			
	23							
4. Type of Committee: Complete the applicable sections			n de la companya de l	The Control of the Control	geden de la selection de la se	er en	100	98
Controlled Committee	Control Constitution Constitution	。2016年中央中央的基础的特别的1000年,1000年的1000年,1000年的1000年,1000年的1000年,1000年的1000年的1000年的1000年			al months of the transfer of the second of the second of			
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure	proponent. If candidate or offic	eholder c	ontrolled,	also list the ele	ective offi	cē sought or h	eld, and
• List the political party with which each officeholder or candidate	is affiliated	l or check "nonpartisan." Stating	g "No pari	ty preferen	ce" is accepta	ble.		
If this committee acts jointly with another controlled committee,	list the na	me and identification number of	f the othe	r controlle	d committee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	,	ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICABLE	E)	YEAR OF	PAF		E 3	
Maria Teresa Del Rio	I	ouncil Member Hawaiian Garde		2020	CHECK Nonpartisan X		(list political party	below)
					Nonpartisan	Partisan	(list political party	below)
Primarily Formed Committee Primarily formed to support or or	opose spec	rific candidates or measures in a	single ele	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)	CANDIDATE(S) OFFICE SOI (INCLUDE DISTRICT				I	СНЕСК	ONE
		Y					SUPPORT	OPPOSE
*			E					

Statement of Organization **Recipient Committee**

CALIFORNIA

INSTRUCTIONS ON REVERSE			9	Page 3 of 3
COMMITTEE NAME	2000 - 2000		270	I.D. NUMBER
Del Rio for Council 2020	*			8
4. Type of Committee	(Continued)			
General Purpose Committee	Not formed to support or opp CITY Committee	oose specific candidates or measures in COUNTY Committee	a single election. Check only one bo	o x:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	7		y	
Sponsored Committee	ist additional sponsors on an attac	hment.		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION C	F SPONSOR	X X X X X X X X X X X X X X X X X X X
STREET ADDRESS NO. AND S	STREET	CITY	STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee				\$ B

- 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;

Date qualified

- 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 Garden

Statement of C Recipient Com	_					LOS ANGE	ES COL	CALIFO FOR	
Statement Type	Initial Not yet qualified or Date qualification		Amendment Pate qualification threshold m	et T	Termination – See Part 5 Date of termination	2020 JUIL 2 16/1/19/16		F	or Official Use Only
1. Committee In	formation	I.D. Numbe	1425690		2. Treasurer and	Other Princip	al Officer	S	
NAME OF COMMITTEE Del Rio for Counc	cil·2020				Maria Teresa Del street address (No.P.O. Box) 22008 Delvin Ave.	Rio			
STREET ADDRESS (NO P.O.	BOX)				CITY CITY		STATE	ZIP CODE	AREA CODE/PHONE
22008 Devlin Ave.					Hawaiian Gardens		CA	90716	(562)338-1118
CITY		STATE ZIP CO	DE AREA CODE/PHONE		NAME OF ASSISTANT TREASURER	R, IF ANY			
Hawaiian Gardens		CA S	0716 (562) 338-	1118	Yolanda Miranda				
FULL MAILING ADDRESS (IF	F DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				
N/A					728 West Edna Plac	ce			
E-MAILADDRESS (REQUIRE	ED) / FAX (OPTIONAL)				CITY		STATE	ZIP CODE	AREA CODE/PHONE
delriotere@yahoo.	.com				Covina		CA	91722	(626) 915-7635
COUNTY OF DOMICILE		SDICTION WHERE COM	MITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				
		727			STREET ADDRESS (NO P.O. BOX)				
Attach additional in	nformation on apլ	propriately labe	led continuation sheets.		СПУ		STATE	ZIP CODE	AREA CODE/PHONE
penalty of perjury	y under the laws of 1/17/2020	e in preparing he in preparing he in the State of the State of the By By By By	difornia the strangoin	g is true	officeholder, candidate, or state in	RER MEASURE PROPONENT	erein is true	e and complete	e. I certify under
7 -2	DATE		SIGNATURE OF CO	NTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		FPPC	Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization **CALIFORNIA Recipient Committee** FORM INSTRUCTIONS ON REVERSE Page 2 of 3 COMMITTEE NAME I.D. NUMBER Del Rio for Council 2020 1425690 All committees must list the financial institution where the campaign bank account is located. NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER California Bank & Trust (213)228-1700 5797616017 **ADDRESS** STATE ZIP CODE 550 S. Hope Street, Suite 100 Los Angeles CA 90071 4 Tire o Computee complete in applicable sectors 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. **ELECTIVE OFFICE SOUGHT OR HELD** YEAR OF PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE Nonpartisan Partisan (list political party below) Maria Teresa Del Rio City Council Member Hawaiian Gardens 2020 Х 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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA FORM

Page 3 of 3

Del Rio for Council 2020					
					1425690
General Purpose Committee	Not formed to support or oppos CITY Committee	e specific candidates or r		tion. Check only one b	ox:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
Sponsored Committee List	additional sponsors on an attachm	ent.	-	·	
NAME OF SPONSOR		INDUSTRY GROUP (DR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND STRE	ET	GTY		STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date qualified				

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- 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.
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