

**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
RECEIVED
 AUG 10 2022
 BY: *AR*

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 <i>Luis Poa for City Council 2022</i>			NAME OF TREASURER <i>Luis Poa</i>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <i>Hawaiian Gardens</i>	STATE <i>CA</i>	ZIP CODE <i>90716</i>	CITY <i>Hawaiian Garden</i>	STATE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]			NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]			STREET ADDRESS (NO P.O. BOX)			
CITY OF DOMICILE			CITY			
JURISDICTION WHERE COMMITTEE IS ACTIVE			STATE			
			ZIP CODE			
			AREA CODE/PHONE			
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>			NAME OF PRINCIPAL OFFICER(S)			
			STREET ADDRESS (NO P.O. BOX)			
			CITY			
			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 information is true and correct.

Executed on 8/10/22 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/10/22 By [REDACTED]
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