

**Statement of Organization
Recipient Committee**

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	Date qualification threshold met	Date of termination
<input type="checkbox"/> Date qualification threshold met	_____ / _____ / _____	_____ / _____ / _____

Date Stamp

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JUL 19 2022

BY: *PR*

CALIFORNIA FORM 410

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1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
Del Rio for Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Hawaiian Gardens CA 90716

FULL MAILING ADDRESS (IF DIFFERENT)
N/A

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Maria Teresa Del Rio

CITY STATE ZIP CODE AREA CODE/PHONE
Hawaiian Gardens CA 90716

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 provided is true and correct.

Executed on <u>7/19/2022</u> By [REDACTED]	_____ TREASURER
Executed on <u>7/19/2022</u> By [REDACTED]	_____ VICE PRESIDENT, OR STATE MEASURE PROPONENT
Executed on _____ By [REDACTED]	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Del Rio for Council 2022

• 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 CHECK ONE		
Maria Teresa Del Rio	city Council member	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
	Hawaiian Gardens		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) 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
		SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Del Rio for Council 2022

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.

Table with 2 columns: NAME OF SPONSOR, INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Table with 5 columns: 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 ponent 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.