

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met _____ / _____ / 2022	<input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____	<input checked="" type="checkbox"/> Termination – See Part 5 Date of termination 12 / 31 / 2022
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Date Stamp

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JAN 27 2023

BY: pr

**CALIFORNIA FORM 410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable)

1455268

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
HAWAIIAN GARDENS UNITED

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

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawaiian Gardens	CA	90716	[REDACTED]

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FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED] Norwalk, CA 9050

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

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COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	Hawaiian Gardens

NAME OF TREASURER  
Silvestre Vasquez

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

---

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawaiian Gardens	CA	90716	[REDACTED]

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NAME OF ASSISTANT TREASURER, IF ANY  
David L. Gould

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

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	[REDACTED]

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NAME OF PRINCIPAL OFFICER(S)  
Ingrid Orellana - Asst. Treasurer

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

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CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	[REDACTED]

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

Executed on 1-25-2023 By [REDACTED] TREASURER

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Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

HAWAIIAN GARDENS UNITED

## 2a. Additional Officers / Assistant Treasurers

NAME

Nadia Modesto - Asst. Treasurer

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	[REDACTED]

NAME

Silvestre Vasquez - Principal Officer

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawaiian Gardens	CA	90716	[REDACTED]

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME HAWAIIAN GARDENS UNITED	I.D. NUMBER 1455268
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- 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 [REDACTED]
ADDRESS [REDACTED]	CITY Los Angeles	STATE ZIP CODE CA 90071

**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	

**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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

HAWAIIAN GARDENS UNITED

I.D. NUMBER

1455268

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

to support/oppose political candidates

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.