

COPY (1174)

Statement of Organization Recipient Committee

Date Stamp RECEIVED JAN 27 2023 BY: [Signature] CALIFORNIA FORM 410 For Official Use Only

Statement Type: [] Initial, [] Amendment, [x] Termination - See Part 5. Date of termination: 1/31/2023

1. Committee Information: REYNALDO RODRIGUEZ FOR CITY OF HAWAIIAN GARDENS 2022, I.D. Number 1453586. 2. Treasurer and Other Principal Officers: REYNALDO RODRIGUEZ, HAWAIIAN GARDENS, CA 90716

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 1/26/2023 By [Redacted Signature]
Executed on 1/26/2023 By [Redacted Signature]
Executed on _____ By _____
Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME REYNALDO RODRIGUEZ FOR CITY COUNCIL 2022	I.D. NUMBER 1453586
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE (562) 467-5340	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Hawaiian Gardens	STATE CA
		ZIP CODE 90716

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		(list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			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