

**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 _____/_____/_____
--	---	---

Date Stamp RECEIVED AUG 08 2023 HAWAIIAN GARDENS CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
Farfan for City Council 2024				NAME OF TREASURER Victor Farfan				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Hawaiian Gardens		STATE CA		ZIP CODE 90716		AREA CODE/PHONE [REDACTED]	
CITY Hawaiian Gardens,		STATE CA		ZIP CODE 90716		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.								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 complete.

Executed on 8/8/23 By [REDACTED] Assistant Treasurer

Executed on 8/9/23 By [REDACTED] State 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