

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 09 / 09 / 2024	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED
SEP 19 2024
HAWAIIAN GARDENS
CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Vargas for City Council 2024		(if applicable) 1474067		NAME OF TREASURER Ernest Vargas			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Hawaiian Gardens		STATE CA		ZIP CODE 90716	
CITY Hawaiian Gardens		STATE CA		ZIP CODE 90716		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY			
				STATE			
				ZIP CODE			
				E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
				AREA CODE/PHONE			
				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				AREA CODE/PHONE			
3. Verification							

I have used all reasonable diligence in [REDACTED] 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 9/19/2024 DATE

Executed on 9/19/2024 DATE

Executed on _____ DATE By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT