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Statement of Organization Recipient Committee

Statement Type

☐ Initial☐ Not yet qualified
or☐ Date qualification threshold met☐ Amendment

Date qualification threshold met

☒ Termination - See Part 5

Date of termination

1 / 25 / 21

Date Stamp

JAN 26 2021

CITY CLERK DEPARTMENT

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1429285 <small>(if applicable)</small>							
NAME OF COMMITTEE Magaly Colelli for City Council 2020				NAME OF TREASURER Clarissa Ortega			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY San Fernando	STATE CA	ZIP CODE 91340	AREA CODE/PHONE [REDACTED]	CITY San Fernando	STATE CA	ZIP CODE 91340	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ColelliForCityCouncil@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE San Fernando			CITY			
Attach additional information on appropriately labeled continuation sheets.				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 foregoing is true and correct.

Executed on 1/25/21 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE

Executed on 1/25/21 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
DATE

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COPY

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

1429285

COMMITTEE NAME

Magaly Colelli for City Council 2020

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

[REDACTED]

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

CLOSED

ADDRESS

[REDACTED]

CITY

Los Angeles

STATE

CA

ZIP CODE

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
CHECK ONE

Magaly Colelli	Member of the City Council: San Fernando	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COPY

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1429285

COMMITTEE NAME

Magaly Colelli for City Council 2020

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.

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 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.
 - 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.

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