		C	?OPY	SPARNED		
Statement of (Recipient Con	-	e		Date Stamp	CALIFO	
Statement Type	Initial Not yet qualified	Amendment	Termination – See P at			For Official Use Only
	or	d met Date qualification threshold met	Date of termination	CITY OF SAN FERNAN CITY CLERK	00	
	//	_ /	6 / 28 / 2022			
	e Information I.D. Nu	1453888	2. Treasurer at	nd Other Principal Office	rs	
NAME OF COMMITTEE Victoria Garcia	for City Council 2022		Victoria Garcia			
			STREET ADDRESS (NO P.O. B	OX)		
STREET ADDRESS (NO P.			دוזץ San Fernando	state CA	zip code 91340	AREA CODE/PHONE
city San Fernando	state CA	ZIP CODE AREA CODE/PHONE 91340	NAME OF ASSISTANT TREAS	URER, IF ANY		
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. B	OX)		
E-MAIL ADDRESS (REQU	ired) / Fax (OPTIONAL) Fernando@gmail.com		CITY	STATE	ZIP CODE	AREA CODE/PHONE
		IERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICE	er(S)		
Los Angeles	City of San	Fernando	STREET ADDRESS (NO P.O. B	ox)		
Attach addition	al information on appropria	tely labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verificatio	on					
		aring this statement and to the be ate of California that the foregoing		mation contained herein is tru	le and complet	te. I certify under
Executed on	Ву	Victoria	SIGNATORE OF TREASURER OR ASSISTANT TR	EACIIDED		
Executed on	31/2023 By	TICTORICU SIGNATURE OF CON	Sapia)	TATE MEASURE PROPONENT		
Executed on	DATE BY	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR S	TATE MEASURE PROPONENT		
Executed on	By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR S	TATE MEASURE PROPONENT		
						C Form 410 (August/201

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Statement of Organization Recipient Committee	CALIFORNIA FORM 410						
COMMITTEE NAME Victoria Garcia for City Council 2022	Page 2 1.D. NUMBER 1453888						
All committees must list the financial institution where the campaign bank account is located.							
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER					
First Foundation Bank	STATISM MA						
ADDRESS	CITY	STATE	ZIP CODE				
C. Division from the shadow of	Pasadena	CA	91101				
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 PARTY ELECTION CHECK ONE			
Victoria Garcia	Member of the City Council: San Fernando	2022	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	
		SUPPORT	OPPOSE	

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA FORM 410 Page 3
COMMITTEE NAME Victoria Garcia for City Council 2022	1453888
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 th This committee has ceased to receive contributions and make expenditures;	e following conditions have been met:

- · 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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