

COPY

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

7 / 31 / 2023

Date Stamp

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CITY OF SAN FERNANDO
CITY CLERK

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information		I.D. Number (if applicable) 14353657		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
Solorio for City Council 2022				Andre Paet			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY				STATE	ZIP CODE	AREA CODE/PHONE	
San Fernando				CA	91340		
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE				CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles				San Fernando	CA	91340	
JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
City of San Fernando				STREET ADDRESS (NO P.O. BOX)			
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 foregoing is true and correct.

Executed on 2/5/24 By Maria Elena Solorio SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/5/24 By Maria Elena Solorio SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 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

FPPC Form 410 (August/2018)

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

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