| Statement of C         | Organization   | GU                               |                                 | Ra               |               | OBNIA            |          |
|------------------------|--|----------------------------------|---------------------------------|------------------|---------------|------------------|----------|
| Recipient Com          |  |                                  |                                 |                  | EO            | RM               | 410      |
|                        | 🗹 Initial  | Amendment                        | Termination – See Part 5        |                  | 6-8 P 5: 38   | For Official Use |          |
|                        | Not yet qualified  |                                  |                                 | CITY OF          | SAN ECONALIDO |                  |          |
|                        | O Date qualification threshold met   | Date qualification threshold met | Date of termination             | CI               | SAN FERNANDO  |                  |          |
|                        |  |                                  | //                              |                  |               |                  |          |
| 1. Committee I         | nformation I.D. Number   | r,,                              | 2. Treasurer and Ot             | her Princip      | oal Officers  |                  |          |
| NAME OF COMMITTEE      | (if applicable)  |                                  | NAME OF TREASURER               |                  |               |                  |          |
| <b>RIVAS FOR CI</b>    | TY COUNCIL 2024  |                                  | ROBERT GONZALES                 |                  |               |                  |          |
|                        |  |                                  | STREET ADDRESS (NO P.O. BOX)    |                  | CITY          | STATE            | ZIP CODE |
|                        |  |                                  |                                 |                  | SAN FERNANDO  | CA               | 91340    |
|                        |  |                                  | EMAIL ADDRESS OF TREASURER      | (REQUIRED)       |               | AREA COD         | E/PHONE  |
| STREET ADDRESS (NO P.C | ). BOX)  |                                  | ROBERTCGONZALES                 | 01@GMAIL.        | COM           |                  |          |
|                        | the state of the second se |                                  | NAME OF ASSISTANT TREASURE      | R, IF ANY        |               |                  |          |
| CITY                   | STATE  | ZIP CODE AREA CODE/PHONE         |                                 |                  |               |                  |          |
| SAN FERNANDO           |  | 91340                            | STREET ADDRESS (NO P.O. BOX)    |                  | CITY          | STATE            | ZIP CODE |
| FULL MAILING ADDRESS   | (IF DIFFERENT)   |                                  |                                 |                  |               |                  |          |
|                        |  |                                  | EMAIL ADDRESS OF ASSISTANT T    | REASURER (REQ    | UIRED)        | AREA COD         | E/PHONE  |
|                        | MMITTEE (REQUIRED) / FAX (OPTIONAL)  |                                  |                                 |                  |               |                  |          |
|                        | JANDO@GMAIL.COM  |                                  | NAME OF PRINCIPAL OFFICER(S)    |                  |               |                  |          |
| COUNTY OF DOMICILE     | JURISDICTION WHERE C   |                                  |                                 |                  |               |                  |          |
| LOS ANGELES            | CITY OF SAN FI   | ERNANDO                          | STREET ADDRESS (NO P.O. BOX)    |                  | CITY          | STATE            | ZIP CODE |
|                        |  |                                  | EMAIL ADDRESS OF PRINCIPAL C    | OFFICER(S) (REQU | IRED)         | AREA COD         | E/PHONE  |
| Attach additional i    | nformation on appropriately labe   | eled continuation sheets.        |                                 |                  |               |                  |          |
|                        |  |                                  | a standard and a standard and a |                  |               |                  |          |

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 | 8/8/24<br>DATE  | By | SIGNATURE OF TREASURED OF ASSISTANT TREASURER                                |                             |
|-------------|-----------------|----|--|-----------------------------|
| Executed on | SIP 222<br>DATE | Ву | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |                             |
| Executed on | DATE            | Ву | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |                             |
| Executed on | DATE            | Βγ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT | FPPC Form 410 (October/2023 |

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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

## CALIFORNIA FORM 410

I.D. NUMBER

**RIVAS FOR CITY COUNCIL 2024** 

#### All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS |      | AREA CODE/PHONE | BANK ACCOUNT I | NUMBER   |
|---|------|-----------------|----------------|----------|
| ADDRESS OF FINANCIAL INSTITUTION  | CITY |                 | STATE          | ZIP CODE |

### 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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF<br>ELECTION | PAR<br>CHECK |          |                              |
|--|---|---------------------|--------------|----------|------------------------------|
| SEAN M. RIVAS  | CITY COUNCIL  | 2024                | 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(5) NAME OR MEASURE(5) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHEC    | ONE    |
|---|--|---------|--------|
|   |  | SUPPORT | OPPOSE |
|   |  | SUPPORT | OPPOSE |

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| Statement of Organ<br>Recipient Committe |                                |   |  |                        | CALIFORNIA<br>FORM 410                  |
|--|--------------------------------|---|--|------------------------|---|
| INSTRUCTIONS ON REVERSE                  |                                |   |  |                        | Page 3                                  |
| COMMITTEE NAME                           |                                |   |  |                        | I.D. NUMBER                             |
| 4. Type of Committee                     | (Continued)                    | 45. S. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19         | and a start of the second start of     |                        |   |
| General Purpose Commit                   | tee Not formed to support o    | or oppose specific candidates or me<br>COUNTY Committ |  |                        | <b>G</b>                                |
| PROVIDE BRIEF DESCRIPTION OF AC          | τινιτγ                         |   |  |                        |   |
|  |                                |   |  |                        |   |
| 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 Commit                 | ttee                           |   |  |                        |   |
|  | Date qualified                 |   |  |                        |   |
| 5. Termination Requi                     | rements By signing the ver     | ification, the treasurer, assistant treasurer a       | nd/or candidate, officeholder, or pone | nt 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.