tatement Type	🗌 Initial	Amendment	Termination - See Part 52024 AUG	15 P 5: 17	For Official Use	Only
	O Not yet qualified			10 1 0 1 1		
	or O Date qualification threshold met	Date qualification threshold met	Date of termination CITY OF S	AN FERNANDO Y CLERK		
	//	//	/	OLLINI	a farmer for a sure	
1. Committee	Information I.D. Numbe	<b>r</b> 1465667	2. Treasurer and Other Prin	cipal Officers		
NAME OF COMMITTEE	(j oppiedole)		NAME OF TREASURER			
Victoria Garcia	a for City Council 2024		Victoria Garcia			
	5		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
				San Fernando	CA	91340
			EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE	/PHONE
STREET ADDRESS (NO P.	O. BOX)		victoriaforsanfernando@gmail.co	m		
			NAME OF ASSISTANT TREASURER, IF ANY			
CITY	STATE	ZIP CODE AREA CODE/PHONE				
San Fernando	CA	91340 (010) 000 7000	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
FULL MAILING ADDRESS	(IF DIFFERENT)					
			EMAIL ADDRESS OF ASSISTANT TREASURER (	REQUIRED)	AREA COD	E/PHONE
	MMITTEE (REQUIRED) / FAX (OPTIONAL)					
victoriaforsanferr	ando@gmail.com		NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMICILE		COMMITTEE IS ACTIVE				
Los Angeles	City of San Ferna	ando	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (R	EQUIRED)	AREA COD	E/PHONE

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	8/9/2024	Ву	Victoria	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	8/9/2024 DATE	Ву	Tictoria	INCOMPAGE OF INCOMPANIENT INCOMENT	
Executed on	DATE	Ву	SIGNATU	IRE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	DATE	Ву	SIGNATU	JRE 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	CALIFORNIA
Recipient Committee	FORM 410
INSTRUCTIONS ON REVERSE	Page 2
COMMITTEE NAME	I.D. NUMBER
Victoria Garcia for City Council 2024	1465667
<ul> <li>All committees must list the financial institution where the campaign bank account is</li> </ul>	s 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 NUMBER First Foundation Bank CITY STATE ZIP CODE Address of financial institution CITY STATE ZIP CODE 4. Type of Committee Complete the applicable sections. CITY STATE ZIP CODE

## 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	PAR CHECK		
Victoria Garcia	Member of 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:

r minarity io	incu to support o	oppose specific cana	induces of measures m	a single ciccuoni cisc	Derom

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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Victoria Garcia for City Council 2024       1465667         4. Type of Committee (continued)       Image: Committee (continued)         General Purpose Committee       Not formed to support or oppose specific candidates or measures in a single election. Check only one box:         Image: CITY Committee       Image: COUNTY Committee	Statement of C Recipient Com	CALIFORNIA FORM 410			
Contract and Control Control 2024 1465667     4. Type of Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:     COUNTY Committee STATE Committee   PROVIDE BRIEF DESCRIPTION OF ACTIVITY   Sponsored Committee List additional sponsors on an attachment.   No. AND STREET   CITY STATE   STATE   CITY STATE   STATE CITY STATE CITY STATE STATE CITY STATE STATE CITY STATE Zip CODE AREA CODE/PHONE AREA CODE/PHONE STATE Date qualified	INSTRUCTIONS ON REVERS	Page 3			
General Purpose Committee       Not formed to support or oppose specific candidates or measures in a single election. Check only one box:         CITY Committee       CITY Committee         PROVIDE BRIEF DESCRIPTION OF ACTIVITY         Sponsored Committee         List additional sponsors on an attachment.         NAME OF SPONSOR         STREET ADDRESS         NO. AND STREET         CITY         Strate         Zip Code         AREA CODE/PHONE		City Council 2024			
	4. Type of Comr	nittee (Continued)			
NAME OF SPONSOR       INDUSTRY GROUP OR AFFILIATION OF SPONSOR         STREET ADDRESS       NO. AND STREET         CITY       STATE         Small Contributor Committee	General Purpose (				
NAME OF SPONSOR       INDUSTRY GROUP OR AFFILIATION OF SPONSOR         STREET ADDRESS       NO. AND STREET         CITY       STATE         Small Contributor Committee	PROVIDE BRIEF DESCRIPTIO	DN OF ACTIVITY			
NAME OF SPONSOR       INDUSTRY GROUP OR AFFILIATION OF SPONSOR         STREET ADDRESS       NO. AND STREET         CITY       STATE         Small Contributor Committee	-				
STREET ADDRESS     NO. AND STREET     CITY     STATE     ZIP CODE     AREA CODE/PHONE       Small Contributor Committee	Sponsored Commi	ttee List additional sponsors on an at	ttachment.		
Small Contributor Committee	NAME OF SPONSOR		INDUSTRY GROUP OR AFF	FILIATION OF SPONSOR	
Date qualified	STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE AREA CODE/PHONE
Date qualified					
	Small Contributor	Committee//			
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:					
	5. Termination	Requirements By signing the verific	ation, the treasurer, assistant treasurer and/or	candidate, officeholder, or ponent certi	fy that all of the 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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