

PECEIVE RECEIVE

CALIFORNIA 410 Statement of Organization **Recipient Committee** AUG 19 P 4: 51 Statement Type ☐ Initial **✓** Amendment ☐ Termination – See Part 5 For Official Use Only OF SAN FERNANDO O Not yet qualified CITY CLERK O Date qualification threshold met Date qualification threshold met Date of termination I.D. Number 2. Treasurer and Other Principal Officers 1. Committee Information 1465667 NAME OF COMMITTEE NAME OF TREASURER Victoria Garcia Victoria Garcia for City Council 2024 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.com NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE San Fernando CA 91340 STREET ADDRESS (NO P.O. BOX) ZIP CODE FULL MAILING ADDRESS (IF DIFFERENT) AREA CODE/PHONE EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) victoriaforsanfernando@gmail.com NAME OF PRINCIPAL OFFICER(S) COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Fernando Los Angeles STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets. 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 Executed on Executed on __ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

Statement of Organization Recipient Committee NSTRUCTIONS ON REVERSE				FO	ORNIA 4 RM	10	
COMMITTEE NAME Victoria Garcia for City Council 2024				Page 2 I.D. NUMBER 1465667			
All committees must list the financial institution where the ca	ampaign bank account is located and	the person(s) autho	orized to obtain ba	ink records.			
name of financial institution and person(s) authorized to obtain bank records First Foundation Bank		AREA CODE/PHONE	BANK ACCO	OUNT NUMBER			
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE CA	Z	IP CODE		
4. Type of Committee Complete the applicable sections.							
 List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number, List the political party with which each officeholder or candidate. If this committee acts jointly with another controlled committee 	if any, and the year of the election. te is affiliated or check "nonpartisan."	Stating "No party p nber of the other co	reference" is acce	ее.			
Victoria Garcia	Member of City Council	20	Nonpartisan	Partisan	(list political pa	rty below)	
			Nonpartisan	Partisan	(list political par	rty below)	
Primarily Formed Committee Primarily formed to support or conditional control of the control of the officeholder's name. Primarily formed to support or control of the control of the officeholder's name.		es in a single election	R MEASURE(S) JURISDICT	ION	CHECK SUPPORT	ONE OPPOSE	
					SUPPORT	OPPOSE	

CALIFORNIA Statement of Organization **FORM Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Victoria Garcia for City Council 2024 1465667 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS NO. AND STREET CITY

5. Termination Requirements

Small Contributor Committee

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.