

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	<u>4 / 1 / 26</u>	<u> / / </u>

Date Stamp	CALIFORNIA FORM 410
6697 26 APR -6 AS 20	For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Laura Sanchez-Ramirez for Lakewood City Council</u>		<u>2026, D2</u>		NAME OF TREASURER <u>Jesse Gilgoff</u>			
STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
<u>[REDACTED]</u>		<u>Lakewood</u>		<u>CA</u>		<u>90712</u>	
CITY		STATE		ZIP CODE		AREA CODE/PHONE	
<u>Lakewood</u>		<u>CA</u>		<u>90712</u>		<u>[REDACTED]</u>	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY	
<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)		CITY	
<u>Los Angeles</u>		<u>Los Angeles County</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)	
		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	
		STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE			
		<u>[REDACTED]</u>		<u>[REDACTED]</u>			

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	<u>04/04/26</u>	By	<u>[REDACTED]</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	<u>4/4/26</u>	By	<u>[REDACTED]</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Laura Sanchez-Ramirez for Lakewood City Council 2026, D2</i>	I.D. NUMBER <i>1487866</i>
---	-------------------------------

• 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 <i>Schools First Federal Credit Union</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
--	-------------------------------	-----------------------------------

ADDRESS OF FINANCIAL INSTITUTION <i>P.O. Box 11547 Santa Ana CA 92711</i>	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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Laura Sanchez-Ramirez</i>	<i>Lakewood City Council District 2</i>	<i>2026</i>	Nonpartisan <input checked="" type="checkbox"/>	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