Recipient Committee Statement Type Initial Amendment Statement Type Date qualification threshold met Date of termination Date	Statement of 0	Organization		·	Date Stamp	CALIFORNIA AAO
O Not yet qualified or Or Dete qualified or Date qualification breshold met O Date of termination O Date of Date of termination O Date of Date of Date of Date of Date of Date of Date o	Recipient Con	nmittee			RECEIVED	
Date of termination Date qualification threshold met Date qualification threshold metal properties Date qualification threshold	Statement Type	☐ Initial	☐ Amendment 🖾	Termination - See Part 5		For Official Use Only
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1. Committee Information I.D. Number 1469852 2. Treasurer and Other Principal Officers NAME OF CAMMITTEE NAME OF TREASURER (REQUIRED) AREA CODE/PHONE 2 2 2 2 2 2 2 2 2		O Date qualification threshold met	Date qualification threshold met	Date of termination		
NAME OF COMMITTEE Ari Pe for Lakewood City Council 2028 STREET ADDRESS (NO P.O. BOX)				06 / 30 / 2025		
AND COT DEASURER Ari Pe for Lekewood City Council 2028 STREET ADDRESS (NO P.O. BOX)	1. Committee I	nformation I.D. Numbe	1469852	2. Treasurer and O	ther Principal Officers	
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Norwalk CA 90650 (213) 489-4792 STREET ADDRESS (NO P.O. BOX) Attach additional information on appropriately labeled continuation sheets. 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 DATE SIGNATURE OF CONTROLLING OFFICERIOLING OFFICE		wy Ste. 200		NAME OF ASSISTANT TREASURE	R, IF ANY	
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12501 Imperial Rwy. Ste. 200 Norwalk, CA 90650 EMAIL ADDRESS OF ASSISTANT TREASURES (REQUIRED) AREA CODE/PHONE dlgould@gouldorellana.com (213) 489-4792 ihartis@gouldorellana.com / (213) 402-3540 COUNTY OF DOMICILE Los Angeles Lakewood Attach additional information on appropriately labeled continuation sheets. Attach additional information on appropriately labeled continuation sheets. 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 O7/16/2025 DARE Executed on DATE By SIGNATURE OF CONTROLLING OFFICENDIARS. (ANDIDATE. OR STATE MEASURE PROPONENT) SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT Executed on DATE By SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT EXECUTED DATE SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICENDIARS. CANDIDATE. OR STATE MEASURE PROPONENT			90650 (213)489-4792	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
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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

CALIFORNIA 410

Page 2 of 4

I.D. NUMBER

1469852

COMMITTEE NAME Ari Pe for Lakewood City Council 2028

2. Additional Officers (continued)

NAME Nadia Modesto (Assistant Treasurer)	POSITION Principal Officer	
STREET ADDRESS (NO P.O. BOX) 12501 Imperial Hwy. Ste. 200	CITY Norwalk	STATEZIP CODE CA 90650
E-MAIL ADDRESS nmodesto@gouldorellana.com	AREA CODE/PHONE (213)489-4792	

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

COMMITTEE NAME Ari Pe for Lakewood City Council 2028			Page 3 of 4 I.D. NUMBER 1469852	
 All committees must list the financial institution where the campaign bank ac 	ccount is located and the person(s) authorize	d to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust David Gould, Ingrid Harris, Nadia Modesto, Diana Reynoso	AREA CODE/PHONE (213) 228-17		UNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope Street Ste, 100	CITY Los Angeles	STATE CA	ZIP CODE 90071	
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 CANDIDALE/OFFICEHULDER/STATE MEASURE PROPONENT	(INCLUDE	DISTRICT NUMBER IF APPL	.ICABLE)	ELECTION	CHECK	ONE		
	City Council	Member Lakewood	District 3		Nonpartisan	Partisan	(list political par	ty below)
Ari Pe				2028	х			
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or op CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT		ndidates or measure:	_			ON		
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		(INCLUDE DI	ISTRICT NO., CITY O	R COUNTY, AS	APPLICABLE)		CHECK	ONE
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE
	·							

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Ari Pe for Lakewood City Council 2028

CALIFORNIA	410
FORM	410

Page 4 of 4

I.D. NUMBER 1469852

OVIDE BRIEF DESCRIPTION OF ACTIVITY					
	· · · · · · · · · · · · · · · · · · ·				
Sponsored Committee List additiona	al sponsors on an attach	nment.			
ME OF SPONSOR		INDUSTRY GROUP OR AFFILIAT	ION OF SPONSOR		
REET ADDRESS NO. AND STREET		стту	STATE	ZIP CODE	AREA CODE/PHONE

- 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.