	. 19		14587	Lakewood			
UF	Statement of Recipient Con	nmittee	17201			9	ornia 410
	Statement Type	🛛 Initial	Amendment	Termination – See Part 5	n the office of the Secretary of of the State of Californi	a ANGEL	For Official Use Only
		O Not yet qualified or			MAR 01 2023 20		
		Date qualification threshold met	Date qualification threshold met	Date of termination			
		02 / 28 / 2023	<u> </u>	//	C D	AMPAICH	FINALE E
		I.D. Number (if applicable		A second s	Gibs Prospencies		
	NAME OF COMMITTEE	ood City Council 2024		NAME OF TREASURER		Na Amanda da angina ng sa Uni sa Kasada sa kasada s	na an an Anna an Anna an Anna Anna Anna
	ALL FE IOI LAKEW	bod City Council 2024		Ari Pe Street address (NO P.O. BOX)	·		w
	STREET ADDRESS (NO P.O.			CITY	STATE	ZIP CODE	AREA CODE/PHONE
	12501 Imperial Hy CITY	WY. STE. 200 STATE ZIPC	DDE AREA CODE/PHONE	Lakewood NAME OF ASSISTANT TREASURER	CA	90713	
	Norwalk	СА	90650 (213)489-47				
	FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		<u> </u>	<u> </u>
	E-MAIL ADDRESS (REQUIRI	ED) / FAX (OPTIONAL)		12501 Imperial Hwy	/- Ste. 200 STATE	ZIP CODE	AREA CODE/PHONE
	iorellana@gouldor			Norwalk	CA	90650	(213) 489-4792
	Los Angeles	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
		Lakewood		Ingrid Orellana (A STREET ADDRESS (NO P.O. BOX)	ssistant Treasurer)	<u> </u>	
				12501 Imperial Hwy	. Ste. 200		
	Attach additional in	oformation on appropriately labe	led continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Norwalk	CA	90650	(213) 489-4792
2	I have used all rea	isonable diligence in preparing to under the laws of the State of (nis statement and to the best	of my knowledge the informat	ion contained herein is true a	and complete	e. I certify under
	Executed on 2/	28/2023 BV		true and contest.			
		DATE BY		TURE OF TREASURER OR ASSISTANT TREASURE	R	<u> </u>	
	Executed on	By		R			
	Executed on	By	SIGNALORE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
	Executed on	DATE	SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
		DATE By	SIGNATURE OF CONTRO	LING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
						FPPC :	Form 410 (August/2018)

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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Ari Pe for Lakewood City Council 2024

2a. Additional Officers / Assistant Treasurers

er)						
			MAILING ADDRESS	· · · · · · · ·		
STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
CA	90650	(213) 489-4792		<u> </u>		
	<u> </u>		NAME			
	<u> </u>		MAILING ADDRESS	<u> </u>	·	
STATE	ZIP CODE	AREA CODE/PHONE	СПУ	STATE	ZIP CODE	AREA CODE/PHONE
			NAME			
			MAILING ADDRESS	<u> </u>		
STATE	ZIP CODE	AREA CODE/PHONE	СПҮ	STATE	ZIP CODE	AREA CODE/PHONE
			NAME			
	·		MAILING ADDRESS			
STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	CA STATE STATE	CA 90650 STATE ZIP CODE STATE ZIP CODE	CA 90650 (213) 489-4792 STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE	CA 90650 (213) 489-4792 NAME MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE NAME MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE NAME MAILING ADDRESS NAME MAILING ADDRESS NAME MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS	CA 90650 (213) 489-4792 NAME NAME STATE ZIP CODE AREA CODE/PHONE NAME NAME NAME NAME NAME NAME NAME NA	CA 90650 (213) 489-4792 NAME MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE NAME MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE NAME MAILING ADDRESS STATE ZIP CODE NAME MAILING ADDRESS STATE ZIP CODE MAILING ADDRESS MAILING ADDRESS

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I.D. NUMBER

Statement of Organization Recipient Committee	CALIFORNIA FORM 410		
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	I.D. NUMBER		
Ari Pe for Lakewood City Council 2024			

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
California Bank & Trust	(213) 228-1700			
ADDRESS	СПТУ	STATE	ŽIP CODE	
550 S. Hope Street Ste. 100	Los Angeles	СА	90071	
L Mae au commune (complete the monte designing)		19 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2		
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		
Ari Fe	City Council Member Lakewood	2024	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

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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)	CHEC	KONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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Statement of Organizat Recipient Committee	ion					CALIFORNIA 410
INSTRUCTIONS ON REVERSE						FORM 410
						Page 4 of 4
Ari Pe for Lakewood City Cou	ncil 2024					
4.1. VDE OF COMMERCE	communication and an					
General Purpose Committee	Not formed to support or oppose		iates or measures in Y Committee	a single election. Check		
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			<u> </u>			
<u> </u>						
Sponsored Committee	additional sponsors on an attachmo	ent.				
NAME OF SPONSOR		INDUS	STRY GROUP OR AFFILIATION OF	SPONSOR		
STREET ADDRESS NO. AND STREET	ΞT Ξ	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date qualified					
2. Vermination Regularien	S Commission and a	zicz, czębycicz	suienen /orean literes	Quero de cardo comencia	in the second	iovine data inclusionalis
 This committee has ceased to 	to receive contributions and make	expenditures;	a na sa		····	

- 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

f .

- 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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