

19

145544



7:02 PM
Hermosa Beach

Statement of Organization Recipient Committee

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
<input checked="" type="checkbox"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="checkbox"/> Date qualification threshold met	_____ / _____ / _____	_____ / _____ / _____

CALIFORNIA FORM 410

For Official Use Only

2022 NOV 16 PM 3:27

CAMPAIGN FINANCE

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF ASSISTANT TREASURER, IF ANY			
JACKSON For City Council 2022		Raymond Jackson		N/A			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
[REDACTED]		[REDACTED]		Hermosa Beach CA 90254 [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE			
Hermosa Beach, CA 90254		Hermosa Beach, CA 90254		Hermosa Beach CA 90254 [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
[REDACTED]		[REDACTED]		[REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		NAME OF PRINCIPAL OFFICER(S)		CITY STATE ZIP CODE AREA CODE/PHONE			
[REDACTED]		[REDACTED]		[REDACTED]			
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE AREA CODE/PHONE			
US CA		[REDACTED]		[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.		CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE			
[REDACTED]		[REDACTED]		[REDACTED]			

3. Verification

I have used all reasonable diligence in preparing this statement and I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete.

Executed on 7 Oct 2022 By [REDACTED]

Executed on 7 Oct 2022 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Jackson for City Council 2022</i>	I.D. NUMBER
--	-------------

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

NAME OF FINANCIAL INSTITUTION <i>TBD</i>	AREA CODE/PHONE	BANK ACCOUNT NUMBER
---	-----------------	---------------------

ADDRESS	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
<i>Raymond A Jackson</i>	<i>Hermosa Beach, City Council</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Jackson for City Council 2022

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Running for Re-election to Hermosa Beach City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

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:

- 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.