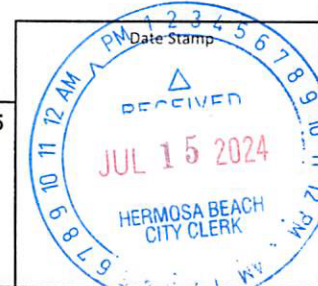


Statement of Organization
Recipient Committee

Statement Type

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met _____ / _____ / 2024 | <input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____ | <input type="checkbox"/> Termination – See Part 5 Date of termination _____ / _____ / _____ |
|---|---|---|



CALIFORNIA FORM 410
For Official Use Only

| 1. Committee Information | | I.D. Number <i>(if applicable)</i> | | 2. Treasurer and Other Principal Officers | | | | |
|---|---|---------------------------------------|-------------------|---|--|-------------------------------|-------------|-------------------|
| NAME OF COMMITTEE Elka Worner for HB City Council 2024 | | | | NAME OF TREASURER Elka Worner | | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Hermosa Beach | STATE CA | ZIP CODE 90254 |
| CITY Norwalk | | STATE CA | ZIP CODE 90650 | EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | NAME OF ASSISTANT TREASURER, IF ANY David Gould | | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Norwalk | STATE CA | ZIP CODE 90650 |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach | | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | NAME OF PRINCIPAL OFFICER(S) Ingrid Harris-Assistant Treasurer | | | | |
| | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Norwalk | STATE CA | ZIP CODE 90650 |
| | | | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | | |

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 _____ | DATE | By _____ | SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| Executed on _____ | DATE | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on _____ | DATE | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on _____ | DATE | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2 of 4

COMMITTEE NAME
Elka Worner for HB City Council 2024

I.D. NUMBER

2. Additional Officers (continued)

| | | |
|-----------------------------------|-------------------|----------------|
| NAME | POSITION | |
| Nadia Modesto-Assistant Treasurer | Principal Officer | |
| STREET ADDRESS (NO P.O. BOX) | CITY | STATE/ZIP CODE |
| [REDACTED] | Norwalk | CA 90650 |
| E-MAIL ADDRESS | AREA CODE/PHONE | |
| [REDACTED] | [REDACTED] | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|-------------|
| COMMITTEE NAME Elka Worner for HB City Council 2024 | I.D. NUMBER |
|--|-------------|

• 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 California Bank & Trust David Gould, Ingrid Harris, Nadia Modesto, Diana Reynoso | AREA CODE/PHONE [REDACTED] | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | 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 CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|--|--------------------------------------|------------------------------|
| Elka Worner | City Council Member Hermosa Beach | 2024 | Nonpartisan <input checked="" type="checkbox"/> | Partisan <input type="checkbox"/> | (list political party below) |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | (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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Elka Worner for HB City Council 2024

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

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.