

Hermosa Beach

Statement of Organization Recipient Committee

Statement Type

Initial, Not yet qualified or, Date qualification threshold met

Amendment, Date qualification threshold met 02 / 17 / 2021

Termination - See Part 5, Date of termination 2022 JUL 27 AM 11:40

RECEIVED AND FILE In the office of the Secretary of State of the State of California

JUL 15 2022

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1. Committee Information I.D. Number 1436413 NAME OF COMMITTEE Jackson for City Council 2021 STREET ADDRESS (NO P.O. BOX) Norwalk, CA 90650 FULL MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) COUNTY OF DOMICILE Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE Hermosa Beach

2. Treasurer and Other Principal Officers NAME OF TREASURER Raymond Jackson STREET ADDRESS (NO P.O. BOX) CITY Hermosa Beach STATE CA ZIP CODE 90254 AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY David Gould STREET ADDRESS (NO P.O. BOX) CITY Norwalk STATE CA ZIP CODE 90650 AREA CODE/PHONE NAME OF PRINCIPAL OFFICER(S) Ingrid Orellana - Assistant Treasurer STREET ADDRESS (NO P.O. BOX) CITY Norwalk STATE CA ZIP CODE 90650 AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 7/6/2022 By Executed on 7/6/2022 By Executed on By Executed on By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Jackson for City Council 2021	I.D. NUMBER 1436413
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 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 CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Raymond Jackson	City Council Member Hermosa Beach	2021	X		
			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
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Jackson for City Council 2021

I.D. NUMBER

1436413

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, officer holder, or proponent, 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.