Statement of Organization
Recipient Committee

Statement Type

☐ Initial
  ○ Not yet qualified
    or
  ○ Date qualification threshold met
  ___/___/___

☑ Amendment
  Date qualification threshold met
  10 / 04 / 2022

☐ Termination – See Part 5
  Date of termination
  ___/___/___

Date Stamp

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CITY OF SAN FERNANDO
CITY CLERK

For Official Use Only

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1. Committee Information

I.D. Number (if applicable) 1455007

NAME OF COMMITTEE

San Fernando Voters for a Better City Who Support Mary Solorio for San Fernando City Council 2022

STREET ADDRESS (NO P.O. BOX)
427 North Canon Drive, Suite 214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90210	(424) 256-6214

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
MDKanin@CalPACLegal.com/(310) 274-5024

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles	City of San Fernando

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Max Kanin

STREET ADDRESS (NO P.O. BOX)
427 North Canon Drive, Suite 214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90210	(424) 256-6214

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Max Kanin, Alexandra Leard

STREET ADDRESS (NO P.O. BOX)
427 North Canon Drive, Suite 214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Beverly Hills	CA	90210	(424) 256-6214

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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 10/11/2022 By _Max Kanin_
  DATE   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

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

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
San Fernando Voters for a Better City Who Support Mary Solorio for San Fernando City Council 2022	1455007

- **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 and Trust				
ADDRESS	CITY	STATE	ZIP CODE	
	Los Angeles	CA	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)
			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
Mary Solorio	San Fernando City Council - At Large	✓	
		SUPPORT	OPPOSE