

COPY COPY

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial☐ Not yet qualified  
or☒ Date qualification threshold met

10 / 3 / 22

☒ Amendment

Date qualification threshold met

10 / 3 / 2022

☐ Termination – See Part 5

Date of termination

/ /

Date Stamp

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2022 OCT -5 P 4: 08

CITY OF SAN FERNANDO  
CITY CLERKCALIFORNIA  
FORM

410

For Official Use Only

1. Committee Information		I.D. Number 1453657 (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE  Solorio for City Council				NAME OF TREASURER  Andre Paet			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY San Fernando				STATE CA	ZIP CODE 91340	AREA CODE/PHONE 1	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) marysolorioforsf@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles County		JURISDICTION WHERE COMMITTEE IS ACTIVE City of San Fernando		NAME OF PRINCIPAL OFFICER(S) Jennifer Solorio			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) 1233 Coronel St.			
				CITY San Fernando			
<b>3. Verification</b>							

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 10/5/22 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10-05-22 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 10/05/22 By [Signature]  
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 Recipient Committee

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COMMITTEE NAME Solorio For City Council			I.D. NUMBER 1453657	
<ul style="list-style-type: none"> <li>All committees must list the financial institution where the campaign bank account is located.</li> </ul>				
NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE CA	ZIP CODE 91352	

## 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		
Mary Solorio	City Council Member	2022	Nonpartisan ✓	Partisan	(list political party below) Democrat
			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

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I.D. NUMBER

COMMITTEE NAME

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.