

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1446754

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

3, 30, 22
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 2300 '22 APR 20 P3:12	CALIFORNIA FORM 410 <small>For Official Use Only</small>
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1. Committee Information

NAME OF COMMITTEE

Laura Sanchez Ramirez for Lakewood City Council 2022

STREET ADDRESS (NO P.O. BOX)

[Redacted Address]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ramirez4education@gmail.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Darlene Valiquette

ST

CI

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Laura Sanchez Ramirez

STREET ADDRESS (NO P.O. BOX)

[Redacted Address]

Attach additional information on appropriately labeled continuation sheets.

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 4/13/2022 By Darlene M Valiquette
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4-13-2022 By Laura Sanchez Ramirez
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Laura Sanchez-Ramirez for Lakewood City Council 2022 D2

I.D. NUMBER

1446754

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

NAME OF FINANCIAL INSTITUTION

Bank of America

AREA CODE/PHONE

(562) 663-0526

ADDRESS

4705 Silva St.

CITY

Lakewood

STATE

CA

ZIP CODE

90712

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."
- 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
Laura Sanchez-Ramirez	Lakewood City Council District 2	2022	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>