

1462482

Statement of Organization Recipient Committee

Statement Type

Initial [checked], Amendment [unchecked], Termination - See Part 5 [unchecked]. Date qualification threshold met: 08/15/2023.

RECEIVED AND FILED in the office of the Secretary of State of the State of California. Date Stamp: AUG 21 2023

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1. Committee Information

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Stuckey for City Council 2024. STREET ADDRESS (NO P.O. BOX): 12501 Imperial Hwy. Ste. 200, Norwalk, CA 90650. E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): dl Gould@gouldorellana.com / (213) 489-4818. COUNTY OF DOMICILE: Los Angeles. JURISDICTION WHERE COMMITTEE IS ACTIVE: Lakewood.

NAME OF TREASURER: Vicki Stuckey. STREET ADDRESS (NO P.O. BOX): [Redacted]. CITY: Lakewood, STATE: CA, ZIP CODE: 90713. NAME OF ASSISTANT TREASURER, IF ANY: David Gould. STREET ADDRESS (NO P.O. BOX): 12501 Imperial Hwy. Ste. 200, Norwalk, CA 90650. NAME OF PRINCIPAL OFFICER(S): Ingrid Orellana (Assistant Treasurer). STREET ADDRESS (NO P.O. BOX): 12501 Imperial Hwy. Ste. 200, Norwalk, CA 90650.

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 8-15-2023 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 08-15-2023 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

# Statement of Organization Recipient Committee

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COMMITTEE NAME

Stuckey for City Council 2024

I.D. NUMBER

## 2a. Additional Officers / Assistant Treasurers

NAME

Nadia Modesto (Assistant Treasurer)

MAILING ADDRESS

12501 Imperial Hwy. Ste. 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	(213) 489-4792

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME  
Stuckey for City Council 2024

- 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		(list political party below)
			CHECK ONE		
Vicki Stuckey	City Council Member City of Lakewood City of Lakewood District 4	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			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	OPPOSE

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COMMITTEE NAME

Stuckey for City Council 2024

**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 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.