Statement of (	Organization			Date Stamp	CALIFORNIA AAA
Recipient Con					FORM 410
Statement Type	🗹 Initial	☐ Amendment	☐ Termination – See Part 5	RECL. VE	For Official Use Only
	Not yet qualified or			0.00	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	208 '22 MAR 30	P12 :58
		/	/	i him che	$B^{(1)}(0)$
1. Committee	e Information I.D. Numbe	er	2. Treasurer and	Other Principal Office	rs
NAME OF COMMITTEE			NAME OF TREASURER		
Laura Sanchez-F	Ramirez for Lakewood City Coun	cil 2022 D2	Laura Sanchez-Ramir	ez	
			STREET ADDRESS (NO PO ROX)		
STREET AODRESS (NO SO.	. ROX)				
	, a mary				
			NAME OF ASSISTANT TREASURER,	IFANY	
full mailing address (i	(F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIR	•		CITY	STATE	ZIP CODE AREA CODE/PHONE
ramirez4educatio	on@gmail.com				
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Los Angeles			Laura Sanchez-Ramire	ez	
Attach additional	linformation on survey state to to	halad canaliiat	-		-
Attach daaraona	l information on appropriately la	oeiea continuation sneets.			
3. Verification	า				
I have used all re	asonable diligence in preparing t	his statement and to the best	t of my knowledge the informati	on contained beroin is true	and complete destificunder
penalty of perjury	y under the laws of the State of (	California that the foregoing i	s true and correct.	on contained herein is true	s and complete. Therthy under
Executed on $\frac{3}{}$	25/2022 By	Janu Danc	La Romina		
Executed on 3	25/2022 By	Laura Danch	MATOR OF TREASURER OR ASSISTANT TREASURE  OLUMB OFFICEHOLDER, CANDIDATE, OR STATE MI		
Executed on	DATE By		_		
Executed on		SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE MI	EASURE PROPONENT	
Enacuted Off	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE MI	EASURE PROPONENT	

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee Instructions on reverse							CALIFORNIA 410 FORM				
All committees must list the financial institution where the committee must list the financial institution where the committee must list the financial institution where the committee must list the committee must list the committee must list the financial institution where the committee must list the	campaign ba	ank account is located.									
NAME OF FINANCIAL INSTITUTION	ARÉA	CODE/PHONE	BANK ACCO	JNT NUMBER		<del> </del>					
ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	Zi	P CODE						
4. Type of Committee Complete the applicable section	s.										
Controlled Committee											
<ul> <li>List the name of each controlling officeholder, candidate, or stalso list the elective office sought or held, and district number</li> <li>List the political party with which each officeholder or candidate.</li> </ul>	r, if any, and	the year of the election.				otable					
If this committee acts jointly with another controlled committee											
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR H (INCLUDE DISTRICT NUMBER IF APPL		YEAR OF ELECTION	PARTY CHECK ONE						
Laura Sanchez-Ramirez	Lakewo	Lakewood City Council District 2			Nonpartisan	Partisan	(list political party below)				
			,		Nonpartisan	Partisan	(list political par	ty below)			
Primarily Formed Committee Primarily formed to support or	oppose spe	cific candidates or measure	s in a single el	ection. List	below:		·				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	ETTER)	CANDIDATE(S) OFF (INCLUDE D	ICE SOUGHT OR H STRICT NO., CITY (			ON	CHECK	ONE			
							SUPPORT	OPPOSE			
	-						SUPPORT	OPPOSE			

Statement of C Recipient Com					Date Stamp 日日/1月 VED	CALIFOI FORI	7/ 14 1 1
Statement Type	☑ Initial	☐ Amendment	☐ Termination – 9	See Part 5		For	Official Use Only
	Not yet qualified			2095	'22 MAR -9 F	) R :17	
	or O Date qualification threshold met	Date qualification threshold met	Date of termina		****		
			//	<u>,</u>			
1. Committee	Information I.D. Number	r	2. Treas	urer and Other	<b>Principal Officers</b>		
NAME OF COMMITTEE	((f applicable)	<u> </u>	NAME OF TREA	ASURER			
Laura Sanchez-R	amirez for Lakewood City Coun	cil 2022 D2	Laura San	chez-Ramirez			
STREET ADDRESS (NO P.O.	BOX)						
			NAME OF ASSIS	TANT TREASURER, IF ANY			
FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRES	S (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINC	IPAL OFFICER(S)	· · · · · · · · · · · · · · · · · · ·		
Los Angeles			Laura San	chez-Ramirez			
Attach additiona	l information on appropriately la	heled continuation sheets	STREET ADDRES	S (NO P.O. BOX)			
recon additional	· information on appropriately la	beieu communication sineets.					
<ol><li>Verification</li></ol>	า	•	· · · · · · · · · · · · · · · · · · ·				
	asonable diligence in preparing t			he information cor	ntained herein is true	and complete.	I certify under
penalty of perjur	y under the laws of the State of	California that the foregoing i	s true and correct.				
Executed on 3	18/2022 By	Howa Krinc				<del></del>	
Executed on 3	18/2022 By	Jama Sano	SNAPHRE OF TREASUREROR AS		RODONENT		
Executed on	By		· · ·			·	
	DATE	SIGNATURE OF CONTI	ROLLING OFFICEHOLDER, CANDI	DATE, OR STATE MEASURE P	ROPONENT		
Executed on	By	CIONATURE OF COUR	OLUMO AFRICANO DER CANO	IDATE OBCITATE MENOLINE	DO PONENT		

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www.fppc.ca.gov

Statement of Organization Recipient Committee								ORNIA 4	10
INSTRUCTIONS ON REVERSE		<del>-</del>					Page 2		!
COMMITTEE NAME Laura Sanchez-Ramirez for Lakewood City Council 2022 D2				· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER		
All committees must list the financial institution where the ca	mpaign bar	nk account is lo	cated.						
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	B	ANK ACCOUN	T NUMBER	·			
		77 ×							
ADDRESS	CITY		sı	TATE	ZI	CODE		<u> </u>	
4. Type of Committee Complete the applicable sections.			•						
Controlled Committee									
List the name of each controlling officeholder, candidate, or sta also list the elective office sought or held, and district number,	if any, and t	he year of the e	election.						
<ul> <li>List the political party with which each officeholder or candidat</li> </ul>	e is affiliate	d or check "nor	npartisan." Stating	"No par	ty prefere	nce" is accet	otable		
• If this committee acts jointly with another controlled committee	e, list the na	ame and identif	ication number of	the other	er control	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD YEAR OF (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION				PARTY CHECK ONE			
		· · · · · · · · · · · · · · · · · · ·				Nonpartisan	Partisan	(list political pa	rty below)
·						Nonpartisan	Partisan	(list political pa	rty below)
	**	·						<del></del>	
Primarily Formed Committee Primarily formed to support or o	ppose spec	ific candidates	or measures in a s	ingle ele	ction. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE' IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TTER)	CAI	NDIDATE(S) OFFICE SOUC (INCLUDE DISTRICT N				ON	СНЕСІ	CONE
Laura Sanchez-Ramirez	<del>-</del>	Lakewood Cit	y Council District	2 .				SUPPORT	OPPOSE

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