

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 07 / 2023

Date Stamp	<b>CALIFORNIA FORM 410</b>
	For Official Use Only
	<b>DEC 19 '23 AM 9:13</b> BELL GARDENS CITY CLERK

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1429322		NAME OF TREASURER	
Maria Pulido for Bell Gardens City Council 2020				Maria Pulido	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
[REDACTED]				[REDACTED] Bell Gardens [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE	
Norwalk CA 90650 [REDACTED]				[REDACTED] [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY	
				David Gould	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
[REDACTED]				[REDACTED] Norwalk [REDACTED]	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Los Angeles Bell Gardens				[REDACTED] [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)	
				Ingrid Orellana	
				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
				[REDACTED] Norwalk [REDACTED]	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	
				[REDACTED] [REDACTED]	

**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	12-7-23	By	[REDACTED]	_____ OR ASSISTANT TREASURER
Executed on	12/7/23	By	[REDACTED]	_____ CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	____	By	____	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	____	By	____	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Maria Pulido for Bell Gardens City Council 2020	I.D. NUMBER 1429322
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**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS California Bank & Trust	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	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 CHECK ONE		
Maria Pulido	City Council Member Bell Gardens	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			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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INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1429322

COMMITTEE NAME  
Maria Pulido for Bell Gardens City Council 2020

**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, orponent 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.