

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  
 Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 08 / 07 / 2018 Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of termination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Stamp  
**RECEIVED**  
2018 AUG -9 PM 2: 23  
CITY OF WEST COVINA  
CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE  Hernandez for City Council 2018		NAME OF TREASURER David Gould		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
CITY STATE ZIP CODE AREA CODE/PHONE Long Beach CA 90802 [REDACTED]		CITY	STATE	ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT)		Long Beach	CA	90802 [REDACTED]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY Ingrid Orellana		
COUNTY OF DOMICILE Los Angeles		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Long Beach	CA	90802 [REDACTED]
		NAME OF PRINCIPAL OFFICER(S) Nadia Modesto-Assistant Treasurer		
		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
		CITY	STATE	ZIP CODE AREA CODE/PHONE
		Long Beach	CA	90802 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**  
 I have used all reasonable diligence in preparing this [REDACTED] contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California [REDACTED]

Executed on 8/7/18 By \_\_\_\_\_  
DATE

Executed on 8/7/18 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Hernandez for City Council 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY Los Angeles	STATE CA
		ZIP CODE [REDACTED]

**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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Roger Hernandez	City Council Member: City of West Covina District 2	2018	X		
			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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Hernandez for City Council 2018

**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  Political Party/Central 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.