

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp	<b>CALIFORNIA FORM 410</b>
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<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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**1. Committee Information**

I.D. Number (if applicable)

NAME OF COMMITTEE  
Cortez 4 City Council 2024

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722	[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
N/A

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
cortez4covina@gmail.com

COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE
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**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Yolanda Miranda

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Covina	CA	91722	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Claudia Gonzalez-Miranda

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Glendora	CA	91740	[REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 [REDACTED]

Executed on	9/27/2023	By	[REDACTED]	TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	9/27/2023	By	[REDACTED]	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Cortez 4 City Council 2024

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

**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		
O. Patricia Cortez	City Council Member City of Covina District 4	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	
			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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Cortez 4 City Council 2024

I.D. NUMBER

**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.