

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 02 / 16 / 2026	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED BY
COVINA CITY CLERK
26 FEB 17 AM 8:03

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Richardson for City Clerk 2026		1486407		NAME OF TREASURER Lysa Ray			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Covina		STATE CA		ZIP CODE 91724	
CITY Covina		STATE CA		ZIP CODE 91724		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) c/o Lysa Ray [REDACTED]		E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) lysaray.campaignservices@gmail.com		EMAIL ADDRESS OF TREASURER (REQUIRED) lysaray.campaignservices@gmail.com			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) lysaray.campaignservices@gmail.com		COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Covina			
Attach additional information on appropriately labeled continuation sheets.				NAME OF ASSISTANT TREASURER, IF ANY			
				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE			
				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE			
				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE			

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 02/16/2026 By **Lysa Ray** Digitally signed by Lysa Ray
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER Date: 2026.02.16 11:24:00 -08'00'

Executed on 02/16/2026 By *[Signature]*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Richardson for City Clerk 2026

I.D. NUMBER
1486407

• 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 Bank of America	AREA CODE/PHONE (714) 708-6919	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 3730 S Bristol St	CITY Santa Ana	STATE CA	ZIP CODE 92704

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		(list political party below)
			Nonpartisan	Partisan	
Rosie Richardson	City Clerk City	2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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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COMMITTEE NAME
Richardson for City Clerk 2026

I.D. NUMBER
1486407

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 ponent 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.