

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp
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CITY OF ARTESIA

CALIFORNIA FORM 460

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Statement covers period
from 10/23/2022
through 12/31/2022

Date of Election if applicable

(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
 - Semi-Annual Statement
 - Termination Statement
 - Amendment
 - Quarterly Statement
 - Special Odd-Year Statement
 - Supplemental Pre-election Statement - Attach Form 495
- To add Candidate's Original Signature*

3. Committee Information

I.D. Number 1409946

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME
Melissa Ramoso For City Council 2022

STREET ADDRESS (NO PO BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Encino CA 91436 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 2/3/23

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/23

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT