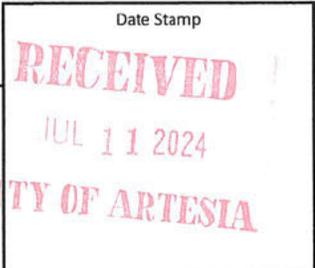


**Statement of Organization  
Recipient Committee**

**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 07 / 01 / 2023	Date of termination ____ / ____ / ____



**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  Rocha for Artesia City Council 2024		1461623		NAME OF TREASURER Dan Rocha			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Artesia		STATE CA		ZIP CODE 90701	
CITY Norwalk		STATE CA		ZIP CODE 90650		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Artesia		NAME OF ASSISTANT TREASURER, IF ANY David Gould			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Norwalk	
[REDACTED]		[REDACTED]		STATE CA		ZIP CODE 90650	
[REDACTED]		[REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]			
[REDACTED]		[REDACTED]		NAME OF PRINCIPAL OFFICER(S) Ingrid Harris (Assistant Treasurer)			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Norwalk	
[REDACTED]		[REDACTED]		STATE CA		ZIP CODE 90650	
[REDACTED]		[REDACTED]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [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 California that the foregoing is true and correct.

Executed on _____	By <u>Ingrid Harris</u> <small>Ingrid Harris (Jun 26, 2024 10:21 PDT)</small>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By <u>D. Rocha</u> <small>Daniel Rocha (Jun 27, 2024 12:13 PDT)</small>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2 of 4

COMMITTEE NAME  
Rocha for Artesia City Council 2024

I.D. NUMBER  
1461623

**2. Additional Officers (continued)**

NAME	POSITION
Nadia Modesto (Assistant Treasurer)	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
[REDACTED]	Norwalk CA 90650
E-MAIL ADDRESS	AREA CODE/PHONE
[REDACTED]	[REDACTED]

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Rocha for Artesia City Council 2024	I.D. NUMBER 1461623
---	------------------------

**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 David Gould, Ingrid Harris, Nadia Modesto, Diana Reynoso	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]
--	-----------------------------------	-----------------------------------

ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope Street Ste. 100	CITY Los Angeles	STATE CA	ZIP CODE 90071
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**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		
Dan Rocha	City Council Member City of Artesia	2024	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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
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Page 4 of 4

COMMITTEE NAME  
Rocha for Artesia City Council 2024

I.D. NUMBER  
1461623

**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.

# CA410

Final Audit Report

2024-06-27

Created:	2024-06-26
By:	Diana Reynoso ([REDACTED])
Status:	Signed
Transaction ID:	CBJCHBCAABAAIWkAyLuHiFxyMBrHyy4oOulTyXTNjYc

## "CA410" History

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2024-06-26 - 5:20:39 PM GMT
-  Document emailed to Ingrid Orellana ([REDACTED]) for signature  
2024-06-26 - 5:20:50 PM GMT
-  Email viewed by Ingrid Orellana ([REDACTED])  
2024-06-26 - 5:21:31 PM GMT
-  Signer Ingrid Orellana ([REDACTED]) entered name at signing as Ingrid Harris  
2024-06-26 - 5:21:46 PM GMT
-  Document e-signed by Ingrid Harris ([REDACTED])  
Signature Date: 2024-06-26 - 5:21:48 PM GMT - Time Source: server
-  Document emailed to ([REDACTED]) for signature  
2024-06-26 - 5:21:53 PM GMT
-  Email viewed by ([REDACTED])  
2024-06-26 - 5:29:46 PM GMT
-  Signer ([REDACTED]) entered name at signing as Daniel Rocha  
2024-06-27 - 7:13:33 PM GMT
-  Document e-signed by Daniel Rocha ([REDACTED])  
Signature Date: 2024-06-27 - 7:13:35 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-27 - 7:13:35 PM GMT