

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	12 / 31 / 2024

Date Stamp
RECEIVED
JAN 21 2025
CITY OF ARTESIA

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 Artesians for Measure AAA		1475780		NAME OF TREASURER Carl Fonseca			
STREET ADDRESS (NO P.O. BOX) 12501 Imperial Hwy. Ste. 200		CITY Norwalk		CITY Artesia		STATE ZIP CODE CA 90701	
CITY STATE ZIP CODE AREA CODE/PHONE Norwalk CA 90650		FULL MAILING ADDRESS (IF DIFFERENT)		EMAIL ADDRESS OF TREASURER (REQUIRED)			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		COUNTY OF DOMICILE Los Angeles		NAME OF ASSISTANT TREASURER, IF ANY David Gould			
JURISDICTION WHERE COMMITTEE IS ACTIVE Artesia		STREET ADDRESS (NO P.O. BOX) 12501 Imperial Hwy. Ste. 200		CITY Norwalk		STATE ZIP CODE CA 90650	
Attach additional information on appropriately labeled continuation sheets.		E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		NAME OF PRINCIPAL OFFICER(S) Carl Fonseca			
		STREET ADDRESS (NO P.O. BOX) 18408 IbeX Ave.		CITY Artesia		STATE ZIP CODE CA 90701	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)					

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 Ingrid Harris
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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

**Statement of Organization
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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 4

COMMITTEE NAME
Artesians for Measure AAA

I.D. NUMBER
1475780

2. Additional Officers (continued)

NAME	POSITION
Ingrid Harris (Assistant Treasurer)	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
12501 Imperial Hwy. Ste. 200	Norwalk CA 90650
E-MAIL ADDRESS	AREA CODE/PHONE

NAME	POSITION
Nadia Modesto (Assistant Treasurer)	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
12501 Imperial Hwy. Ste. 200	Norwalk CA 90650
E-MAIL ADDRESS	AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Artesians for Measure AAA	I.D. NUMBER 1475780
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• 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 5802674217	
ADDRESS OF FINANCIAL INSTITUTION 555 S. Hope St. #100	CITY Los Angeles	STATE CA	ZIP CODE 90071

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		
			Nonpartisan	Partisan	(list political party below)
			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	
Public Safety Sales Tax Increase AAA	City of Artesia	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Artesians for Measure AAA

I.D. NUMBER
1475780

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

2025-01-07

Created:	2025-01-07
By:	Diana Reynoso [REDACTED]
Status:	Signed
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-  Document created by Diana Reynoso [REDACTED]
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-  Signed [REDACTED] entered name at signing as Ingrid Harris
2025-01-07 - 6:54:28 PM GMT
-  Document e-signed by Ingrid Harris ([REDACTED])
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