

**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	<input type="radio"/> Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	12 / 10 / 2024

Date Stamp
RECEIVED
DEC 17 2024
CITY OF ARTESIA

CALIFORNIA FORM 410
For Official Use Only
ADDED
DEC 17 2024
CITY OF ARTESIA

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		1461623		NAME OF TREASURER			
Rocha for Artesia City Council 2024				Dan Rocha			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
12501 Imperial Hwy. Ste. 200				18608 Elaine Ave.		Artesia CA 90701	
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED)			
Norwalk CA 90650				[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				David Gould			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE				12501 Imperial Hwy. Ste. 200		Norwalk CA 90650	
Los Angeles Artesia				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				Ingrid Harris (Assistant Treasurer)			
				STREET ADDRESS (NO P.O. BOX)		CITY STATE ZIP CODE	
				12501 Imperial Hwy. Ste. 200		Norwalk CA 90650	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				[REDACTED]			

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 Ingrid Harris (Dec 11, 2024 12:12 PST) SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By DR _____
DATE David Rocha (Dec 11, 2024 12:53 PST) 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
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1461623

COMMITTEE NAME
Rocha for Artesia City Council 2024

2. Additional Officers (continued)

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
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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 5801122804		
ADDRESS OF FINANCIAL INSTITUTION 550 S. Hope Street Ste. 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		(list political party below)
			Nonpartisan	Partisan	
Dan Rocha	City Council Member City of Artesia	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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, orponent 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

2024-12-11

Created:	2024-12-11
By:	Diana Reynoso ([REDACTED])
Status:	Signed
Transaction ID:	CBJCHBCAABAAIZ7Ao5KF-_fFMSxEbywv5f7EEboLRFo9

"CA410" History

-  Document created by Diana Reynoso ([REDACTED])
2024-12-11 - 8:10:41 PM GMT
-  Document emailed to Ingrid Orellana ([REDACTED]) for signature
2024-12-11 - 8:10:46 PM GMT
-  Email viewed by Ingrid Orellana ([REDACTED])
2024-12-11 - 8:11:47 PM GMT
-  Signer Ingrid Orellana ([REDACTED]) entered name at signing as Ingrid Harris
2024-12-11 - 8:12:03 PM GMT
-  Document e-signed by Ingrid Harris ([REDACTED])
Signature Date: 2024-12-11 - 8:12:05 PM GMT - Time Source: server
-  Document emailed to 420 Web Pros ([REDACTED]) for signature
2024-12-11 - 8:12:07 PM GMT
-  Email viewed by 420 Web Pros ([REDACTED])
[REDACTED] 2-11 - 8:53:11 PM GMT
-  Signer 420 Web Pros ([REDACTED]) entered name at signing as Daniel Rocha
2024-12-11 - 8:53:46 PM GMT
-  Document e-signed by Daniel Rocha ([REDACTED])
Signature Date: 2024-12-11 - 8:53:48 PM GMT - Time Source: server
-  Agreement completed.
2024-12-11 - 8:53:48 PM GMT