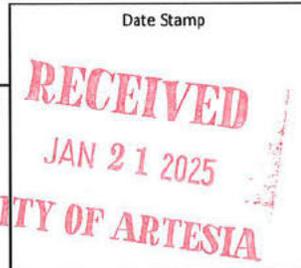


**Statement of Organization  
Recipient Committee**

**Statement Type**

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



**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Morante Sr. For Artesia City Council 2024		1463110		NAME OF TREASURER William Morante			
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) [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY David Gould			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE Artesia		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 12501 Imperial Hwy. Ste. 200 Norwalk CA 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) CITY STATE ZIP CODE 12501 Imperial Hwy. Ste. 200 Norwalk CA 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 \_\_\_\_\_ DATE By Ingrid Harris SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Ingrid Harris (Jan 19, 2025 12:32 PST)

Executed on \_\_\_\_\_ DATE By William Morante Sr SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
William Morante Sr (Jan 17, 2025 12:35 PST)

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

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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
Page 2 of 4
I.D. NUMBER 1463110

COMMITTEE NAME  
Morante Sr. 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  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Morante Sr. For Artesia City Council 2024	I.D. NUMBER 1463110
---	------------------------

**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 5801123208	
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		(list political party below)
			Nonpartisan	Partisan	
William Morante	City Council Member Artesia	2024	X		(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	
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Morante Sr. For Artesia City Council 2024

I.D. NUMBER  
1463110

**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

2025-01-17

Created:	2025-01-16
By:	Diana Reynoso ([REDACTED])
Status:	Signed
Transaction ID:	CBJCHBCAABAA3Q5OV0blhxjqUN_9mPeUiruwofCM1BCx

## "CA410" History

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2025-01-16 - 10:17:11 PM GMT
-  Document emailed to ([REDACTED]) for signature  
2025-01-16 - 10:17:16 PM GMT
-  Email viewed by ([REDACTED])  
2025-01-16 - 10:37:24 PM GMT
-  Signer ([REDACTED]) entered name at signing as Ingrid Harris  
2025-01-16 - 10:37:52 PM GMT
-  Document e-signed by Ingrid Harris ([REDACTED])  
Signature Date: 2025-01-16 - 10:37:54 PM GMT - Time Source: server
-  Document emailed to ([REDACTED]) for signature  
2025-01-16 - 10:37:55 PM GMT
-  Email viewed by ([REDACTED])  
2025-01-17 - 8:14:38 PM GMT
-  Signer ([REDACTED]) entered name at signing as William Morante Sr  
2025-01-17 - 8:15:29 PM GMT
-  Document e-signed by William Morante Sr ([REDACTED])  
Signature Date: 2025-01-17 - 8:15:31 PM GMT - Time Source: server
-  Agreement completed.  
2025-01-17 - 8:15:31 PM GMT