

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

02 / 10 / 1990

☐ Termination - See Part 2

Date of termination

____/____/____

CALIFORNIA 410
FORM

For Official Use Only

Date Stamp

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CITY CLERK
CITY OF CULVER CITY

2. Treasurer and Other Principal Officers

NAME OF TREASURER Cynthia Hart	NAME OF PRINCIPAL OFFICER(S) Cynthia Hart
STREET ADDRESS (NO P.O. BOX) 13303 Summertime Lane	STREET ADDRESS (NO P.O. BOX) 13303 Summertime Lane
CITY Culver City	CITY Culver City
STATE CA	STATE CA
ZIP CODE 90230	ZIP CODE 90230
EMAIL ADDRESS OF TREASURER (REQUIRED) chartcpa@gmail.com	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) chartcpa@gmail.com
AREA CODE/PHONE (310) 489-8642	AREA CODE/PHONE (310) 489-8642

1. Committee Information

NAME OF COMMITTEE CULVER CITY DEMOCRATIC CLUB	I.D. Number (if applicable) 911329
STREET ADDRESS (NO P.O. BOX) 13303 Summertime Lane	STATE CA
CITY Culver City	ZIP CODE 90230
AREA CODE/PHONE (310) 489-8642	FULL MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) culvercitydemclub@gmail.com	JURISDICTION WHERE COMMITTEE IS ACTIVE Culver City
COUNTY OF DOMICILE Los Angeles	

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 03/22/2024	By 	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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911329

COMMITTEE NAME
CULVER CITY DEMOCRATIC CLUB

- 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		AREA CODE/PHONE	BANK ACCOUNT NUMBER
CHASE Cynthia Hart		(310) 837-3144	3064813138
ADDRESS OF FINANCIAL INSTITUTION		CITY	STATE
9801 WASHINGTON BLVD.		CULVER CITY	CA
			ZIP CODE
			90230

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	
			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

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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

TO SUPPORT/OPPOSE LOCAL CANDIDATES

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.