

Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☒ Amendment	☐ Termination - See Part 5
☐ Not yet qualified or		
☐ Date qualification threshold met	☐ Date qualification threshold met	☐ Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

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2024 JUL 15 PM 4:25

1. Committee Information		I.D. Number ☒ Missing I.D. Number		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		NAME OF TREASURER			
Culver City Coalition		Maria Lopez			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
[Redacted]		[Redacted]		Culver City	CA 90232
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED)			
Culver City CA 90232		maria.truemedi@gmail.com			
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)			
		[Redacted]			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY	STATE ZIP CODE
LA		Culver City		Culver City	CA 90230
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
		whimzical1@sbcglobal.net (310) 968-6278			

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	11/29/24	By	Maria Lopez
	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

COMMITTEE NAME Culver City Coalition	I.D. NUMBER
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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 Wells Fargo	AREA CODE/PHONE (310) 670-5652	BANK ACCOUNT NUMBER
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ADDRESS OF FINANCIAL INSTITUTION 5899 Green Valley Circle	CITY Culver City	STATE CA.	ZIP CODE 90230
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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		
			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

CALIFORNIA
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I.D. NUMBER

COMMITTEE NAME

Culver City Coalition

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

Political Action Committee

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.