

Statement of Organization Recipient Committee

Statement Type

☐ InitialNot yet qualified ☐ or☐ Date qualification threshold met☒ Amendment

Date qualification threshold met

2024-02-23

☐ Termination - See Part 5

Date of termination

Date Stamp

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CALIFORNIA
FORM **410**

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CITY CLERK
CITY OF CULVER CITY

1. Committee Information

I.D. Number
(if applicable)

1461350

NAME OF COMMITTEE

Re-Elect Albert Vera for City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Barbara, CA 93101

805-448-9470

FULL MAILING ADDRESS (IF

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

jen@cicsb.com

COUNTY OF DOMICILE

Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Culver City

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jennifer Cooper

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Barbara, CA 93101

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

jen@cicsb.com

805-448-9470

NAME OF ASSISTANT TREASURER, IF ANY

Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Santa Barbara, CA 93101

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

monica@cicsb.com

805-709-0595

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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.

Aug 14 2024

Executed on _____ By _____

Jennifer Cooper

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Aug 14 2024

Executed on _____ By _____

Albert Vera

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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COMMITTEE NAME

Re-Elect Albert Vera for City Council 2024

I. D. NUMBER

1461350

- 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
Pacific Premier Bank	Monica Intaglietta (805) 979-4422	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE
1035 State Street	Santa Barbara, CA	93101

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		
Albert Vera	City Council Member	2024	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	
		SUPPORT ☐	OPPOSE ☐
		SUPPORT ☐	OPPOSE ☐

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COMMITTEE NAME

Re-Elect Albert Vera for City Council 2024

I. D. NUMBER

1461350

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 OF AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date Qualified

5. Termination Requirements

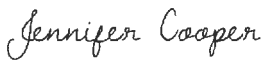
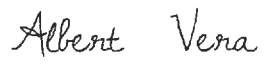
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met.

- 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.

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