

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 04 / 30 / 2024	<input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____ / _____ / _____
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Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
2024 MAY -6 PM 2:10	
CITY OF WEST COVINA CITY CLERK'S OFFICE	

1. Committee Information	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Gutierrez for City Council 2024 STREET ADDRESS (NO P.O. BOX) _____ CITY STATE ZIP CODE AREA CODE/PHONE _____ FULL MAILING ADDRESS (IF DIFFERENT) _____ E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) _____ COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE _____	NAME OF TREASURER Brian Gutierrez STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE _____ EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE _____ NAME OF ASSISTANT TREASURER, IF ANY David Gould STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE _____ EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE _____ 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 _____

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 04/30/2024	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 04/30/2024	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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2. Additional Officers (continued)

NAME	POSITION
Ingrid Orellana (Assistant Treasurer)	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
E-MAIL ADDRESS	AREA CODE/PHONE

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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		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
California Bank & Trust				
ADDRESS OF FINANCIAL INSTITUTION		CITY	STATE	ZIP CODE

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Brian Gutierrez	City Council Member City of West Covina District 1	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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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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

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.