

Courtesy Copy

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date qualification threshold met

03 / 11 / 2022

Termination - See Part 5

Date of termination

Date Stamp
5210 24 JUL 31 2022

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>	1446135	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		CHASE FOR CITY COUNCIL 2022		NAME OF TREASURER Cine D. Ivery	
STREET ADDRESS (NO P.O. BOX)		1 W. Manchester Blvd., Suite 700		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 1 W Manchester Blvd Suite 700 Inglewood CA 90301	
CITY STATE ZIP CODE AREA CODE/PHONE		Inglewood CA 90301 (310) 817-6679		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE cine@politicalreportingplus.com (310) 817-6679	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		cine@politicalreportingplus.com / (310) 672-6679		NAME OF ASSISTANT TREASURER, IF ANY Samahndi Cunningham	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		Los Angeles Lakewood		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 1 W. Manchester Blvd., Suite 700 Inglewood CA 90305	
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE samahndi@politicalreportingplus.com (310) 817-6679	
				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 JUL 29 2024 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on JUL 29 2024 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME CHASE FOR CITY COUNCIL 2022	I.D. NUMBER 1446135
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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 California Bank & Trust - Cine D. Ivery	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 550 S Hope Street, Suite 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 CHECK ONE		
Cassandra Chase	City Council Member City of Lakewood District 5	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
CHASE FOR CITY COUNCIL 2022

I.D. NUMBER
1446135

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.