Statement of Organization			Date Stamp	CALIFORNIA AAA	
Recipient Committee				FORM 410	
Statement Type	☐ Initial ○ Not yet qualified		☐ Termination – See Part 5	2:02 0FC	For Official Use Only
	or or			¥ 00	
	O Date qualification threshold met	Date qualification threshold met	Date of termination	RZ3PHI ERK'S	
	//	01 /_ 11 /_2017	//	MAR 10 Y C.	
1. Committee In	formation I.D. Numb		2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	3 2		NAME OF TREASURER		
Re-elect Rodney	Tanaka for Council 2022		Yolanda Miranda		
	- 9 × 20		STREET ADDRESS (NO P.O. BOX)		
			9 109		
STREET ADDRESS (NO P.O.	BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY	STATE ZIP 0	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	, IF ANY	
			_		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
N/A					
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE AREA CODE/PHONE
	*				
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Los Angeles					
			STREET ADDRESS (NO P.O. BOX)		1
Attach additional i	nformation on appropriately lab	eled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
	,				
3. Verification					
	asonable diligence in preparing	this statement and to the hest	of my knowledge the informat	ion contained herein is true a	and complete. I certify under
penalty of perjur	y under the laws of the Sta				
Executed on	3/16/2022 By _				
	DATE		REASUR	ER	
Executed on	3/16/2022 By _				
	H10 H1000		STATE N	MEASURE PROPONENT	
Executed on	DATE By _	SIGNATURE OF CONTRO	DLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	
Executed on	By	1		en musicus (T. 0. 35 E. 67 Te 0 Co. 5)	
	DATE	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	
				FPPC Advic	FPPC Form 410 (August/2018) e: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

CALIFORNIA Statement of Organization **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 2 of 3 I.D. NUMBER COMMITTEE NAME Re-elect Rodney Tanaka for Council 2022 1392932

· All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
California Bank & Trust	(213)228-1700		
ADDRESS	CITY	STATE	ZIP CODE
550 S. Hope Street	Los Angeles	CA	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	PA! CHECK		
Rodney Tanaka	City Council Member City of Gardena	2022	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
		<u> </u>			

Primarily formed to support or oppose specific candidates or measures in a single election. List below: Primarily Formed Committee CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. CHECK ONE SUPPORT OPPOSE OPPOSE

Statement of Organization Recipient Committee

General Purpose Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Re-elect Rodney Tanaka for Council 2022

4. Type of Committee (Continued)

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

	CITY Committee	e COUNTY Committee	STATE Commi	ittee	
PROVIDE BRIEF DESCRIPTIO	N OF ACTIVITY			* ************************************	
Sponsored Comn	nittee List additional sponsors of	on an attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIA	ATION OF SPONSOR	All and the second seco	
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

5. Termination Requirements

Small Contributor Committee

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.