Statement of Organization		y copy	Date Stamp	CALIFORNIA 440				
Recipient Cor	nmittee				FORM 41U			
Statement Type	☐ Initial		▼ Termination – See Part 5	2:27 :0FC	For Official Use Only			
	O Not yet qualified			¥ Ø				
	O Date qualification threshold met	Date qualification threshold met	Date of termination	PPR SPM12				
	/	12 / 03 / 2021	03 / 31 / 2025	新				
1. Committee	Information I.D. Numbe	r 1442800	2. Treasurer and Ot	ther Principal Officers				
NAME OF COMMITTEE	(y appressie)	1442000	NAME OF TREASURER					
			Cine D. Ivery					
WANDA LOVE FOR	CITY COUNCIL 2022		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE			
			1 W. Manchester Bl	.vd., Suite 700 Inglewoo	CA 90301			
CTOSCT ADDRESS (NO. 2)			EMAIL ADDRESS OF TREASURER		AREA CODE/PHONE			
STREET ADDRESS (NO P.			cine@politicalrepo	ortingplus.com	(310) 817-6679			
	Blvd., Suite 700		NAME OF ASSISTANT TREASURE	R, IF ANY				
CITY	STATE	ZIP CODE AREA CODE/PHONE	Samahndi Cunningha	ım				
Inglewood CA 90301 (310) 817-6679 FULL MAILING ADDRESS (IF DIFFERENT)			STREET ADDRESS (NO 1.0. BOX)	CITY	STATE ZIP CODE			
FOLL MAILING ADDRESS	(IF DIFFERENT)		1 W. Manchester Bl	vd., Suite 700 Inglewood	CA 90301			
F-MAIL ADDRESS OF COL	MMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT T		AREA CODE/PHONE			
		- Land	samahndi@political	samahndi@politicalreportingplus.com (310)817-6679				
COUNTY OF DOMICILE	eportingplus.com / (310)672-		NAME OF PRINCIPAL OFFICER(S)					
Los Angeles	City of Gard							
nos Angeles	City of Gard	ena	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE			
, ,,,,			EMAIL ADDRESS OF PRINCIPAL O	FFICER(S) (REQUIRED)	AREA CODE/PHONE			
Attach additional i	information on appropriately labe	eled continuation sheets.						
3. Verification								
I have used all rea	sonable diligence in preparing thi	s state		herein is true and s	omplete. I certify under			
	under the laws of the State of Ca	V. 1. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		i nereni is true and c	omplete. Telliny under			
Consideration	04/06/2025 By							
Executed on	DATE By				_			
Executed on	04/06/2025 By							
	DATE							
Executed on	DATE By				_			
	DAIL							
Executed on	DATE By	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT				

Courteeu Comi

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization **Recipient Committee**

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COMMITTEE NAME WANDA LOVE FOR CITY COUNCIL 2022	I.D. NUMBER 1442800				
All committees must list the financial institution where the campaign bank account is	located and the person(s) auth	orized to obtain ba	nk records.		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCO	BANK ACCOUNT NUMBER		
California Bank & Trust	(213)22	88-1700			
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE		
550 S Hope Street, Suite 100	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		(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	PAR CHECK				
Wanda Love	City C	ouncil Member Gardena	2022	Nonpartisan X	Partisan	(list political par	ty below)	
				Nonpartisan	Partisan	(list political part	ty 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	

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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WANDA LOVE FOR CITY COUNCIL 2022						1442800		
4. Type of Committee	(Continued)							
General Purpose Commit	Not formed to support or o		didates or measures in NTY Committee	a single election. Chec				
PROVIDE BRIEF DESCRIPTION OF ACT	TIVITY					·		
Sponsored Committee	List additional sponsors on an atta	chment.						
NAME OF SPONSOR		ii ii	NDUSTRY GROUP OR AFFILIATION	ON OF SPONSOR				
STREET ADDRESS NO.	AND STREET	CITY		STATE	ZIP CODE	AREA CODE/PHONE		
Small Contributor Commit	tee//							
	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.