

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
 Date qualified as committee: 08 / 25 / 2016 Date qualified as committee (if applicable) _____ Date of Termination _____

Date Stamp
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CITY OF CARSON

CALIFORNIA FORM 410
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1. Committee Information

NAME OF COMMITTEE
Ramona Pimentel For City Council 2016

STREET ADDRESS (NO P.O. BOX)
822 Realty

CITY STATE ZIP CODE AREA CODE/PHONE
Carson CA 90745 (424)265-1176

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
pimentelforcycouncil2016@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles City of Carson

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Marina Wolem

STREET ADDRESS (NO P.O. BOX)
9529 Heiner St

CITY STATE ZIP CODE AREA CODE/PHONE
Belflower CA 90706 (562)508-5267

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE 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.

Executed on 08/25/2016 By *Marina Wolem*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/25/2016 By *Ramona Pimentel*
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Ramona Pimentel For City Council 2016

I.D. NUMBER

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

| | | |
|---|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Union Bank | AREA CODE/PHONE (310)545-2535 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 2910 N Sepulveda | CITY Manhatan Beach | STATE CA |
| | | ZIP CODE 90266 |

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."
- 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 |
|---|---|------------------|---|
| Ramona Pimentel | City Council, City of Carson | 2016 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|---|---------------------------------|
| Ramona Pimentel For City Council 2016 | | <input checked="" type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |