

8721 4107
rem alist.

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input checked="" type="radio"/> Date qualification threshold met	<u>10 / 07 / 2015</u>	<u>08 / 15 / 2021</u>
		<u>3 / 16 / 2021</u>

RECEIVED BY
LOS ANGELES COUNTY
2021 JUL 19 PM 3:58
7/16/21
CAMPAIGN FINANCE

CALIFORNIA FORM 410
For Official Use Only
019470
C10498

1. Committee Information				I.D. Number 1373681				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Gary Hardie for Lynwood Schools 2015				NAME OF TREASURER Gary Hardie, Jr.				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Lynwood	STATE CA	ZIP CODE 90262	AREA CODE/PHONE 310-438-8813	NAME OF ASSISTANT TREASURER, IF ANY			
CITY Lynwood	STATE CA	ZIP CODE 90262	AREA CODE/PHONE 3104388813	STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) gary.hardiejr@gmail.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE Lynwood Unified School District			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 03/16/2021 By _____
DATE

Executed on 03/16/2021 By _____
DATE

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



SS

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Gary Hardie for Lynwood Schools 2015	I.D. NUMBER 1373681
---	-------------------------------

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

NAME OF FINANCIAL INSTITUTION Schools First Federal Credit Union	AREA CODE/PHONE	BANK ACCOUNT NUMBER 1041314
ADDRESS	CITY Santa Ana	STATE California
		ZIP CODE 92706

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		(list political party below)
Gary Hardie, Jr.	Lynwood Unified School District Governing Board	2015	Nonpartisan <input checked="" type="checkbox"/>	Partisan	
Gary Hardie, Jr.	Lynwood Unified School District Governing Board	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

Gary Hardie for Lynwood Schools 2015

I.D. NUMBER

1373681

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.