

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	06 / 30 / 2024

Emailed 7/25/24

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CALIFORNIA FORM 410
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1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1438522		NAME OF TREASURER	
Herlinda Chico for LBCCD Trustee 2024				Gary Crummitt	
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	
				Long Beach	
CITY		STATE		CITY	
Long Beach		CA		Long Beach	
ZIP CODE		AREA CODE/PHONE		STATE	
90802		(562) 983-0815		CA	
FULL MAILING ADDRESS (IF DIFFERENT)				ZIP CODE	
garycrummitt				90802	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF TREASURER (REQUIRED)	
gary@crummittandassociates.com				gary@crummittandassociates.com	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		AREA CODE/PHONE	
Los Angeles		Long Beach C.C. Dist		(562) 983-0815	
Attach additional information on appropriately labeled continuation sheets.					

3. Verification

I have used all reasonable diligence in preparing this statement and the information herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and complete. I certify under

Executed on 07/25/2024 By _____

Executed on 07/25/2024 By _____

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Herlinda Chico for LBCCD Trustee 2024	I.D. NUMBER 1438522
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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	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	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		
Herlinda Chico	Community College Board Long Beach CCD District 4	2024	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	OPPOSE

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
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COMMITTEE NAME
Herlinda Chico for LBCCD Trustee 2024

I.D. NUMBER
1438522

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 point 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.