

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 02 / 01 / 2024	<input checked="" type="checkbox"/> Termination - See Part 5 Date of termination 05 / 23 / 2024
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Date Stamp
RECEIVED AND FILED
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of the State of California
JUN 03 2024

CALIFORNIA FORM 410
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2024 JUN 13 AM 11:18
CAMPAIGN FINANCE
19

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE HOFF FOR COUNTY CENTRAL COMMITTEE 2024		1467005		NAME OF TREASURER Cine D. Ivery				
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				Inglewood		CA	90301	
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)				
Inglewood	CA	90301	(310) 817-6679	cine@politicalreportingplus.com				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
Inglewood, CA 90301				Samahndi Cunningham				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
cine@politicalreportingplus.com / (310) 672-6679				Inglewood		CA	90301	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
Los Angeles	Assembly District 44			samahndi@politicalreportingplus.com				
				NAME OF PRINCIPAL OFFICER(S)				
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				

3. Verification

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

Executed on MAY 30 2024 By _____
DATE

Executed on 5/23/24 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME HOFF FOR COUNTY CENTRAL COMMITTEE 2024	I.D. NUMBER 1467005
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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 5801124214	
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		
Carolyn Hoff	County Central Committee Member State Assembly District 44	2024	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) Democratic Party
			Nonpartisan	Partisan	(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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COMMITTEE NAME
HOFF FOR COUNTY CENTRAL COMMITTEE 2024

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.