

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

06 / 30 / 2024

Added N AP Add 410 NF
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LOS ANGELES COUNTY
2024 JUL 24 AM 11:00
CAMPAIGN FINANCE

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1462200	NAME OF TREASURER	
Henry for Glendale School Board 2024			Lysa Ray	
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
			Santa Ana	CA 92704
CITY STATE ZIP CODE AREA CODE/PHONE			EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
Glendale	CA	91214	lysaray.campaignservices@gmail.com	(714) 540-2295
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
c/o Lysa Ray Santa Ana, CA 92704				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
lysaray.campaignservices@gmail.com				
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Los Angeles	Los Angeles County			
Attach additional information on appropriately labeled continuation sheets.			NAME OF PRINCIPAL OFFICER(S)	
			Additional Address	
			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
			La Crescenta	CA 91224
			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge there is no penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/18/2024 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/18/2024 By Jordan Henry
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 Henry for Glendale School Board 2024	I.D. NUMBER 1462200
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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 Bank of America	AREA CODE/PHONE (714) 708-6919	BANK ACCOUNT NUMBER 325186329102
ADDRESS OF FINANCIAL INSTITUTION	CITY Santa Ana	STATE CA
		ZIP CODE 92704

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		
Jordan Henry	Glendale School Board Glendale School Bd	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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Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME
Henry for Glendale School Board 2024

I.D. NUMBER
1462200

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, orponent 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.