

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
____/____/____	____/____/____	02 / 01 / 2021

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of the State of California

FEB 03 2021

CALIFORNIA FORM 410
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 LOS ANGELES COUNTY
 2021 FEB 26 PM 4:35
 CAMPAIGN FINANCE

1. Committee Information				I.D. Number				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				(if applicable) 1427819				NAME OF TREASURER			
Cruz for Paramount Unified School District School Board 2020 Campaign								Jessica Castillo			
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)			
								020780			
CITY				STATE				CITY			
Paramount				CA				Paramount			
ZIP CODE				ZIP CODE				STATE			
90723				90723				CA			
AREA CODE/PHONE				AREA CODE/PHONE				ZIP CODE			
562-650-3709				562-650-3709				90723			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				AREA CODE/PHONE			
								562-685-5937			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)				CITY			
ecruz90723@yahoo.com											
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)			
Los Angeles				Paramount				Eddie Cruz			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY				STATE				CITY			
Paramount				CA				Paramount			
ZIP CODE				ZIP CODE				STATE			
90723				90723				CA			
AREA CODE/PHONE				AREA CODE/PHONE				ZIP CODE			
562-650-3709				562-650-3709				90723			

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.

Executed on 1/31/2021 By _____
DATE

Executed on 1/31/2021 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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