

**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 <u>03 / 10 / 2020</u>	Date of termination <u>12 / 31 / 2020</u>

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information	I.D. Number (if applicable) 1426103	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
HAIDAR AWAD HAWTHORNE MAYOR 2020

STREET ADDRESS (NO P.O. BOX)
3926 W. 117th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	(213)489-4792

FULL MAILING ADDRESS (IF DIFFERENT)
249 E. Ocean Blvd. Ste 685 Long Beach, CA 90802

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
dlgould@gouldorellana.com / (213)489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	

NAME OF TREASURER
HAIDAR AWAD

STREET ADDRESS (NO P.O. BOX)
3926 W. 117th Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hawthorne	CA	90250	(213)489-4792

NAME OF ASSISTANT TREASURER, IF ANY
DAVID L. GOULD

STREET ADDRESS (NO P.O. BOX)
249 E OCEAN BLVD STE 685

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LONG BEACH	CA	90802	(213)489-4792

NAME OF PRINCIPAL OFFICER(S)
INGRID ORELLANA-ASSISTANT TREASURER

STREET ADDRESS (NO P.O. BOX)
249 E. OCEAN BLVD. STE 685

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LONG BEACH	CA	90802	(213)489-4792

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 <u>1/21/2021</u> DATE	By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>1/21/2021</u> DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

HAIDAR AWAD HAWTHORNE MAYOR 2020

I.D. NUMBER

1426103

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
Nano Banc	(844) 626-0262	6500101801		
ADDRESS	CITY	STATE	ZIP CODE	
10900 Wilshire Blvd #320	Los Angeles	CA	90024	

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		(list political party below)
			CHECK ONE		
HAIDAR AWAD	Mayor Hawthorne	2020	Nonpartisan X	Partisan	
			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
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

HAIDAR AWAD HAWTHORNE MAYOR 2020

I.D. NUMBER

1426103

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 proponent 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.