

**Statement of Organization
Recipient Committee**

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

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 ____/____/____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Campaign to Keep it Local - Yes on LCF		1464837		NAME OF TREASURER Lysa Ray			
STREET ADDRESS (NO P.O. BOX) 466 Foothill Blvd #321		CITY LaCanada		STATE CA		ZIP CODE 91011	
CITY LaCanada		STATE CA		ZIP CODE 91011		AREA CODE/PHONE (714) 540-2295	
FULL MAILING ADDRESS (IF DIFFERENT) c/o Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704		AREA CODE/PHONE (714) 540-2295		EMAIL ADDRESS OF TREASURER (REQUIRED) lysaray.campaignservices@gmail.com			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) lysaray.campaignservices@gmail.com		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Los Angeles		JURISDICTION WHERE COMMITTEE IS ACTIVE LaCanada/Flintridge		CITY LaCanada		STATE CA	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		ZIP CODE 91011		AREA CODE/PHONE	
		NAME OF PRINCIPAL OFFICER(S) Additional Address		STREET ADDRESS (NO P.O. BOX) PO Box 466, Foothill Blvd #321		CITY LaCanada	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		STATE CA		ZIP CODE 91011	

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>01/03/2024</u> DATE	By	<u>Lysa Ray</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER	Digitally signed by Lysa Ray Date: 2024.01.03 12:32:52 -08'00'
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Campaign to Keep it Local - Yes on LCF

I.D. NUMBER
1464837

2. Additional Officers (continued)

NAME Laura Olhasso	POSITION Principal Officer	
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY LaCanada	STATE/ZIP CODE CA 91011
E-MAIL ADDRESS [REDACTED]@[REDACTED].com	AREA CODE/PHONE [REDACTED] - [REDACTED]	

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COMMITTEE NAME Campaign to Keep it Local - Yes on LCF	I.D. NUMBER 1464837
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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	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE	

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		
			Nonpartisan	Partisan	(list political party below)
			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	
3/4c Sales Tax Increase : LCF	LaCanada/Flintridge	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

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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.