

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination  
06, 30, 2024

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
4 HSP  
2024 AUG 30 PM 3:19  
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 <u>RUDY MIRANDA FOR NORWALK-LA MIRANDA USD GOVERNING BOARD 2024</u>				NAME OF TREASURER <u>MARIE MIRANDA</u>				
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY <u>NORWALK</u>	STATE <u>CA</u>	ZIP CODE <u>90650</u>
CITY <u>NORWALK</u>		STATE <u>CA</u>	ZIP CODE <u>90650</u>	EMAIL ADDRESS OF TREASURER (REQUIRED) <u>MMIRANDARN@GMAIL.COM</u>				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <u>RUDY MIRANDA 562 @ GMAIL.COM</u>				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
COUNTY OF DOMICILE <u>LOS ANGELES</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
				NAME OF PRINCIPAL OFFICER(S)				AREA CODE/PHONE
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				

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 08-01-2024 By \_\_\_\_\_  
DATE

Executed on 08-01-2024 By \_\_\_\_\_  
DATE

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