

**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

09 / 27 / 2024

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CAMPAIGN FINANCE

**CALIFORNIA
FORM 410**

For Official Use Only

021032

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Freinds of Robert Cancio 2021

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Norwalk	CA	90650	5624405265

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Rocio Cancio

C11571

CITY	STATE	ZIP CODE
Norwalk	CA	90650

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
rocio@ancon.com	

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State

Executed on 9/27/2024 By _____
DATE TREASURER

Executed on 9/27/2024 By _____
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