

**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 06 / 30 / 2024

Date Stamp

RECEIVED
JUL 24 2024
CITY OF LA CAÑADA FLINTRIDGE
CITY CLERK'S OFFICE

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 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		STREET ADDRESS (NO P.O. BOX) 3843 S Bristol St STE 604		CITY STATE ZIP CODE Santa Ana CA 92704	
CITY STATE ZIP CODE AREA CODE/PHONE LaCanada CA 91011 (714) 540-2295		FULL MAILING ADDRESS (IF DIFFERENT) c/o Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704		EMAIL ADDRESS OF TREASURER (REQUIRED) lysaray.campaignservices@gmail.com		AREA CODE/PHONE (714) 540-2295	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) lysaray.campaignservices@gmail.com		COUNTY OF DOMICILE Los Angeles		NAME OF ASSISTANT TREASURER, IF ANY			
JURISDICTION WHERE COMMITTEE IS ACTIVE LaCanada/Flintridge		E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S) Additional Address		STREET ADDRESS (NO P.O. BOX) PO Box 466, Foothill Blvd #321		CITY STATE ZIP CODE LaCanada CA 91011	
		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 of California that the foregoing is true and correct.

Lysa Ray

Digitally signed by Lysa Ray
Date: 2024.07.20 13:36:18 -07'00'

Executed on 07/20/2024 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Campaign to Keep it Local - Yes on LCF

I.D. NUMBER

1464837

2. Additional Officers (continued)

NAME	POSITION
Laura Olhasso	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
[REDACTED]	LaCanada CA 91011
EMAIL ADDRESS	[REDACTED]

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INSTRUCTIONS ON REVERSE

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 Bank of America	AREA CODE/PHONE (714) 708-6919	BANK ACCOUNT NUMBER 325190090207
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ADDRESS OF FINANCIAL INSTITUTION 3730 S Bristol St	CITY Santa Ana	STATE CA	ZIP CODE 92704
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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		(list political party below)
			Nonpartisan	Partisan	

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
3/4c Sales Tax Increase : LCF	LaCanada/Flintridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
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COMMITTEE NAME
Campaign to Keep it Local - Yes on LCF

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.