

COPY

Statement of Organization  
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 11 / 13 / 2019	Date of termination ____ / ____ / ____

Date Stamp  
RECEIVED BY  
LOS ANGELES COUNTY  
2021 OCT 26 AM 11:35  
CAMPAIGN FINANCE

CALIFORNIA FORM 410  
For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number (if applicable)</b> 1422549	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
AA VICTORY PAC

STREET ADDRESS (NO P.O. BOX)  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
sosfilings@politicallaw.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES	LOS ANGELES COUNTY

NAME OF TREASURER  
CARY DAVIDSON

STREET ADDRESS (NO P.O. BOX)  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY  
FLORA YIN

STREET ADDRESS (NO P.O. BOX)  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF PRINCIPAL OFFICER(S)  
JAMES SANTA MARIA

STREET ADDRESS (NO P.O. BOX)  
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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	10/4/2021	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

FPPC Form 410 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

COPY

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

RECEIVED AND FILED stamp from the office of the Secretary of State of California, dated OCT 22 2021. Includes 'CALIFORNIA FORM 410' and 'For Official Use Only'.

1. Committee Information I.D. Number (if applicable) 1422549 2. Treasurer and Other Principal Officers

Committee Information section: NAME OF COMMITTEE (AA VICTORY PAC), STREET ADDRESS (515 S. FIGUEROA ST., STE. 1110), CITY (LOS ANGELES), STATE (CA), ZIP CODE (90071), AREA CODE/PHONE ((213) 624-6200), E-MAIL ADDRESS (sosfilings@politicallaw.com), COUNTY OF DOMICILE (LOS ANGELES), JURISDICTION WHERE COMMITTEE IS ACTIVE (LOS ANGELES COUNTY).

Treasurer and Other Principal Officers section: NAME OF TREASURER (CARY DAVIDSON), STREET ADDRESS (515 S. FIGUEROA ST., STE. 1110), CITY (LOS ANGELES), STATE (CA), ZIP CODE (90071), AREA CODE/PHONE ((213) 624-6200). Includes information for Assistant Treasurer (FLORA YIN) and Principal Officer (JAMES SANTA MARIA).

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.

Signature lines for verification: Executed on [DATE] By [SIGNATURE]. Includes lines for Treasurer, Controlling Officeholder, and State Measure Proponent.

# Statement of Organization Recipient Committee

CALIFORNIA  
FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

AA VICTORY PAC

1422549

## 2a. Additional Officers / Assistant Treasurers

NAME

KEVIN ACEBO

MAILING ADDRESS

515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME

TRISHA MURAKAWA

MAILING ADDRESS

515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

AA VICTORY PAC

I.D. NUMBER

1422549

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
CALIFORNIA BANK & TRUST	(213) 228-1728	5796569092		
ADDRESS	CITY	STATE	ZIP CODE	
550 S. HOPE STREET	LOS ANGELES	CA	90071	

**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)
			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

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
Page 4 of 4
I.D. NUMBER 1422549

COMMITTEE NAME

AA VICTORY PAC

**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

TO SUPPORT/OPPOSE CANDIDATES

**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.