

**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

12/31/2021

Date Stamp

Received/Accepted

JAN 31 2022

By: 

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Lopez, Mayor 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Ceres

STATE

Ca

ZIP CODE

95307

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

SAME

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

jlopezmayor@gmail.com

COUNTY OF DOMICILE

Stanislaus

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Ceres

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Javier Lopez

STREET ADDRESS (NO P.O. BOX)

CITY

Ceres

STATE

Ca

ZIP CODE

95307

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Javier Lopez

STREET ADDRESS (NO P.O. BOX)

CITY

Ceres

STATE

Ca

ZIP CODE

95307

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.

Executed on

12/31/2021

By

12/31/2021

By

SIGNATURE OF TREASURER OR ASSISTANT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

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