

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

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)

Ceres Ca 95307

FULL MAILING ADDRESS (IF DIFFERENT)

Same

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

jlopezmayor@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Stanislaus City of Ceres

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

12/31/2021

DATE
12/31/2021

By

SIGNATURE OF TREASURER OR ASSISTANT

—

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

6/8

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

—

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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