

Statement of Organization
Recipient Committee

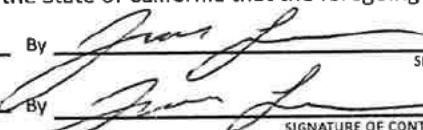
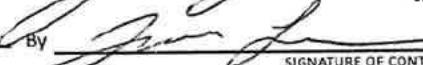
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Statement Type <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or Date qualification threshold met			<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 6 of the State of California	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 03 2023	CALIFORNIA FORM 410	
					For Official Use Only Received by 08 MAY 2023 CITY CLERK CERES R/10		
1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Lopez, Mayor 2024				NAME OF TREASURER Javier Lopez			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Ceres	STATE CA	ZIP CODE 95307 (209)	AREA CODE/PHONE [REDACTED]	CITY Ceres	STATE CA	ZIP CODE 95307 (209)	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) SAME				NAME OF ASSISTANT TREASURER, IF ANY. N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Stanislaus	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Ceres			NAME OF PRINCIPAL OFFICER(S) Javier Lopez			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Ceres				STATE CA			
ZIP CODE 95307 (209)				AREA CODE/PHONE [REDACTED]			

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	<u>11/22/2022</u>	DATE	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>11/22/2022</u>	DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on		DATE	By		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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Recipient Committee**

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I.D. NUMBER

87-4290239

COMMITTEE NAME	Lopez, Mayor 2024		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	(209)		
ADDRESS	CITY	STATE	ZIP CODE
	Modesto	CA	95354
4. Type of Committee Complete the applicable sections.			
Controlled Committee <ul style="list-style-type: none"> 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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE
Lopez, Javier	City Mayor	2024	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)

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
		SUPPORT	OPPOSE

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I.D. NUMBER

87-420239

COMMITTEE NAME

Lopez, Mayor 2024

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

Support Measures that focus on the growth & progress of our city. Supporting our city government officials and local community.

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 agent 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.