

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met

Termination – See Part 5

Date Stamp
AND FILED
Secretary of State
of California

**CALIFORNIA
FORM**

410

For Official Use Only

2023年5月2日

AUG 16 2023

1. Committee Information		I.D. Number <i>(if applicable)</i>	1456240	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
<i>Lopez Mayor 2024</i>				<i>Javier Lopez</i>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
<i>Ceres</i>	<i>CA</i>	<i>95307</i>	<i>1</i>	<i>Ceres</i>	<i>CA</i>	<i>95307</i>	<i>1</i>
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
<i>[REDACTED]</i>				<i>[REDACTED]</i>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
<i>Stanislaus</i>		<i>City of Ceres</i>		NAME OF PRINCIPAL OFFICER(S)			
<i>[REDACTED]</i>				<i>Javier Lopez</i>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
<i>Ceres</i>	<i>CA</i>	<i>95307</i>	<i>1</i>	<i>Ceres</i>	<i>CA</i>	<i>95307</i>	<i>1</i>
Attach additional information on appropriately labeled continuation sheets.							
3. Verification							

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 8/8/202

By

~~SIGNATURE OF TREASURER OR ASSISTANT TREASURER~~

Executed on 8/8/2017

P116

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEMBER/PROVIDENT FUND TRUSTEE

Executed on _____

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROVONENT

Executed on

Bv

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROVONENT

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145 8240

COMMITTEE NAME				
<i>Lopez Mayor 2024</i>				
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
<i>Wellsfargo</i>	<i>1800-869 3557</i>			
ADDRESS	CITY	STATE	ZIP CODE	
	<i>Ceres</i>	<i>CA</i>	<i>95307</i>	
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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	
<i>Javier Lopez</i>	<i>City of Ceres Mayor</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan
			(list political party below)	
			(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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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COMMITTEE NAME

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1458240

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. support
on city government and our 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, orponent 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.