

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or

Date qualification threshold met

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amendment

Termination – See Part 5

Date qualification threshold met

04 / 02 / 2024

Date of termination

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp



**CALIFORNIA  
FORM**

**410**

For Official Use Only

<b>1. Committee Information</b>		<b>I.D. Number</b> (if applicable)	1468705	<b>2. Treasurer and Other Principal Officers</b>		
NAME OF COMMITTEE				NAME OF TREASURER		
Otero for Ceres City Council District 3 2024				Nicholas Otero		
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
					Ceres	CA 95307
CITY STATE ZIP CODE AREA CODE/PHONE				EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE	
Ceres CA 95307						
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY		
Ceres, CA 95307				STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)		
Stanislaus		City of Ceres		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE	
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	Oct 09 2024	DATE	By	<u>Nick Otero</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	Oct 09 2024	DATE	By	<u>Nick Otero</u>	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

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COMMITTEE NAME Otero for Ceres City Council District 3 2024	I.D. NUMBER 1468705		
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b></li> </ul>			
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Oak Valley Community Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Turlock	STATE CA	ZIP CODE 95380

**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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Cerina M Otero	City Council, District 3	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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

# Statement of Organization Recipient Committee

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COMMITTEE NAME Otero for Ceres City Council District 3 2024	I.D. NUMBER 1468705
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## 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

**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.