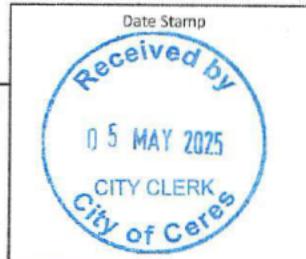


**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination <u>2/14/2025</u>



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For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number (If applicable)</b>	<b>1458240</b>		
NAME OF COMMITTEE  <i>Lopez Mayor 2024</i>				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY <i>Ceres</i>	STATE <i>CA</i>	ZIP CODE <i>95307</i>	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]				
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			
Attach additional information on appropriately labeled continuation sheets.				
<b>2. Treasurer and Other Principal Officers</b>				
NAME OF TREASURER <i>Javier Lopez</i>				
STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE <i>Ceres CA 95307</i> AREA CODE/PHONE [REDACTED]				
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]				
NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]				
STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE				
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]				
NAME OF PRINCIPAL OFFICER(S) [REDACTED]				
STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE				
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [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>4/21/2025</u>	DATE	By <i>Javier Lopez</i>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>4/29/2025</u>	DATE	By <i>Javier Lopez</i>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on 	DATE	By <i>Javier Lopez</i>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT
Executed on 	DATE	By <i>Javier Lopez</i>	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

FPPC Form 410 (October/2023)

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

[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Lopez Mayor 2024</i>	I.D. NUMBER <i>1458240</i>
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- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>Wells Fargo Javier Lopez</i>	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS OF FINANCIAL INSTITUTION CITY STATE ZIP CODE

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Javier Lopez</i>	<i>Mayor of the City of Ceres</i>	<i>2024</i>	<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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

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COMMITTEE NAME

Lopez Mayor 2024

I.D. NUMBER

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

**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 parent 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.