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1474897

Statement of Organization Recipient Committee

Statement Type

| | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| 08 / 09 / 2024 | _____ / _____ / _____ | _____ / _____ / _____ |

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

SEP 12 2024

CALIFORNIA FORM 410

For Official Use Only

| | | | |
|---|---|-------------------------------|---------------------------------|
| I.D. Number (if applicable) Pending | | | |
| NAME OF COMMITTEE Committee to Elect Frank Figueroa for Coachella Mayor 2024 | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| CITY Coachella | STATE CA | ZIP CODE 92236 | AREA CODE/PHONE 760-899-6087 |
| FULL MAILING ADDRESS (IF DIFFERENT) PO Box 669 Coachella CA 92236 | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) votefigueroa4coachella@gmail.com | | | |
| COUNTY OF DOMICILE Riverside | JURISDICTION WHERE COMMITTEE IS ACTIVE Coachella | | |
| Attach additional information on appropriately labeled continuation sheets. | | | |
| NAME OF TREASURER Frank Figueroa | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | CITY Coachella | STATE ZIP CODE CA 92236 |
| EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] | | AREA CODE/PHONE [REDACTED] | |
| NAME OF ASSISTANT TREASURER, IF ANY | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP CODE |
| EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | | AREA CODE/PHONE | |
| NAME OF PRINCIPAL OFFICER(S) | | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP CODE |
| EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | AREA CODE/PHONE | |

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 9/9/2024 By [REDACTED]

Executed on 9/9/2024 By [REDACTED]

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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| | |
|---|------------------------|
| COMMITTEE NAME Frank Figueroa for Coachella Mayor 2024 | I.D. NUMBER Pending |
|---|------------------------|

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 Mechanics Bank | AREA CODE/PHONE [REDACTED] | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] |

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 | | |
|---|---|------------------|-----------------|----------|------------------------------|
| Frank Figueroa | City of Coachella Mayor | 2024 | Nonpartisan | Partisan | (list political party below) |
| | | | Nonpartisan | 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 |