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1474897

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met 08/09/2024

Amendment
 Date qualification threshold met _____

Termination - See Part 5
 Date of termination _____

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) <u>Pending</u>			
NAME OF COMMITTEE <u>Committee to Elect Frank Figueroa for Coachella Mayor 2024</u>		NAME OF TREASURER <u>Frank Figueroa</u>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>Coachella</u>	STATE ZIP CODE <u>CA [REDACTED]</u>
CITY <u>Coachella</u>		STATE <u>CA</u>	ZIP CODE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY	
COUNTY OF DOMICILE <u>Riverside</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Coachella</u>		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY	STATE ZIP CODE
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>			

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 _____
DATE

Executed on 9/9/2024 By _____
DATE

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
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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 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