

Statement of Organization Recipient Committee

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Statement Type

Initial
 Amendment
 Termination – See Part 6

Not yet qualified or
 Date qualification threshold met

Date qualification threshold met

Date of termination

Date Stamp

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

MAY 31 2024

CALIFORNIA FORM 410

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MAY JUN 17 AM 10:24

COUNTY OF RIVERSIDE

R/JD

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
YADIRA PEREZ FOR COACHELLA
CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY Coachella **STATE** CA **ZIP CODE** 92236 **AREA CODE/PHONE** [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

EMAIL ADDRESS OF COMMITTEE (REQUIRED) (MAX. OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE RIVERSIDE **JURISDICTION WHERE COMMITTEE IS ACTIVE** RIVERSIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Norma Rivera

STREET ADDRESS (NO P.O. BOX) [REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED]

EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] **AREA CODE/PHONE** [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] **AREA CODE/PHONE** [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED] **CITY** [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED] **AREA CODE/PHONE** [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 5-29-24 By [REDACTED]

Executed on 6-29-24 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Yadira Perez for Coachella City Council 2024

• 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 ZIP CODE [REDACTED]

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		
Yadira Perez	City Council	2024	<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	
		SUPPORT	OPPOSE