

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>07, 17, 2020</u>	Date of termination ____/____/____

Date Stamp

**CALIFORNIA FORM 410**  
For Official Use Only  
**RECEIVED**  
AUG 06 2024

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <u>Denise Delgado for City Council 2024</u>		<u>1429438</u>		NAME OF TREASURER <u>Abril Sanchez</u>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY <u>Coachella</u>	STATE <u>CA</u>	ZIP CODE <u>92236</u>	AREA CODE/PHONE [REDACTED]	EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY <u>0</u>		ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED] AREA CODE/PHONE		NAME OF PRINCIPAL OFFICER(S)	
COUNTY OF DOMICILE <u>Riverside</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Coachella</u>			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED] AREA CODE/PHONE	

**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 [REDACTED] true and correct.

Executed on 07/03/2024 By [REDACTED] TREASURER

Executed on 07/03/2024 By [REDACTED] STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Denise Delgado for Coachella City Council 2024</i>	I.D. NUMBER <i>1429438</i>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Mechanics Bank</i>	AREA CODE/PHONE <i>760-398-5000</i>	BANK ACCOUNT NUMBER
ADDRESS <i>1491 South 4th St. Coachella CA 92236</i>	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Denise Delgado</i>	<i>City of Coachella</i>	<i>2024</i>	Nonpartisan <input checked="" type="checkbox"/>	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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
*Denise Delgado for Coachella City Council 2024*  
4. Type of Committee (Continued)

I.D. NUMBER  
*1429438*

**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 ponent 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.