

Statement of Organization Recipient Committee

Statement Type

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

Date Stamp  
**DIGITALLY RECEIVED AND FILED**  
in the office of the  
California Secretary of State  
**AUG 04 2024**

**CALIFORNIA FORM 410**  
For Official Use Only

R/JM

| 1. Committee Information   |   | I.D. Number (if applicable) |                   | 2. Treasurer and Other Principal Officers                                 |                   |             |                   |
|--|---|-----------------------------|-------------------|---|-------------------|-------------|-------------------|
| NAME OF COMMITTEE<br>Kimberly Miranda for Coachella City Council 2024                      |   |                             |                   | NAME OF TREASURER<br>Katia Lopez  |                   |             |                   |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |   |                             |                   | STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]                                | CITY<br>Coachella | STATE<br>CA | ZIP CODE<br>92236 |
| CITY<br>Coachella  |   | STATE<br>CA                 | ZIP CODE<br>92236 | EMAIL ADDRESS OF TREASURER (REQUIRED)<br>treasurer@kimberly4coachella.com |                   |             |                   |
| FULL MAILING ADDRESS (IF DIFFERENT)  |   |                             |                   | NAME OF ASSISTANT TREASURER, IF ANY                                       |                   |             |                   |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)<br>kimberly@kimberly4coachella.com |   |                             |                   | STREET ADDRESS (NO P.O. BOX)  |                   |             |                   |
| COUNTY OF DOMICILE<br>Riverside  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br>City of Coachella |                             |                   | CITY  |                   |             |                   |
| Attach additional information on appropriately labeled continuation sheets.                |   |                             |                   | 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   |                   |             |                   |

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 08/04/2024 By Katia Lopez  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Digitally signed by Katia Lopez Date: 2024.08.04 21:34:25 -07'00'

Executed on 08/04/2024 By Kimberly Miranda  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
Digitally signed by Kimberly Miranda Date: 2024.08.04 21:34:47 -07'00'

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

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AUG 19 2024

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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|  |             |
|--|-------------|
| COMMITTEE NAME<br>Kimberly Miranda for Coachella City Council 2024 | I.D. NUMBER |
|--|-------------|

- 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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER |          |  |
| 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 PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE                                    |          |                              |
|--|---|------------------|--|----------|------------------------------|
| Kimberly Miranda                                       | Coachella City Council  | 2024             | Nonpartisan<br><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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  | SUPPORT   | OPPOSE |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
Kimberly Miranda for Coachella City Council 2024

**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 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.