

COPY

Statement of Organization Recipient Committee

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CALIFORNIA FORM 410

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Statement Type

Initial, Amendment, Termination - See Part 5. Includes checkboxes and date fields for qualification and termination.

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE: Fred Lopez City Council. CITY: Woodland, STATE: CA, ZIP CODE: 95776. COUNTY OF DOMICILE: Yolo. JURISDICTION WHERE COMMITTEE IS ACTIVE: District #4 City of Woodland.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Audrey Lopez. CITY: Woodland, STATE: CA, ZIP CODE: 95776. NAME OF ASSISTANT TREASURER, IF ANY: [Redacted]. NAME OF PRINCIPAL OFFICER(S): [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

Executed on 8/8/2024 By [Redacted] EXECUTER. Executed on 08-08-2024 By [Redacted] MEASURE PROPONENT. Executed on [Redacted] By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.