Statement of Organization Recipient Committee

CALIFORNIA FORM 410

Statement Type	Date Stamp	For Official Use Only

Statement Type

- [X] Initial
  - [X] Not yet qualified
  - or
  - [ ] Date qualification threshold met ___/___/___
- [ ] Amendment
  - Date qualification threshold met ___/___/___
- [ ] Termination – See Part 5
  - Date of termination ___/___/___

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Fred Lopez City Council District #4 2024

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

CITY Woodland. **STATE** CA. **ZIP CODE** 95776 **AREA CODE/PHONE** [redacted]

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE Yolo

JURISDICTION WHERE COMMITTEE IS ACTIVE Yolo County District #4 City of Woodland

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Audrey Lopez

[redacted] **CITY** Wdld **STATE** CA **ZIP CODE** 95776 **AREA CODE/PHONE** [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) **CITY** **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 Califor[nia]

Executed on	By	
8/8/2024 DATE	[redacted]	RER
08-08-2024 DATE	[redacted]	MEASURE PROPONENT
_____ DATE	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
_____ DATE	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

COMMITTEE NAME	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 (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Alfredo. S. Lopez	District #4 95776 City Council Woodland.CA	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

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov