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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 or		
<input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp CITY OF SANTA PAULA CITY CLERK AUG 22 2022 RECEIVED	CALIFORNIA FORM 410 For Official Use Only In the office of the Secretary of State of the State of California AUG 25 2022 R/AD
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1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Carlos Juarez for City Council 2022				NAME OF TREASURER Robert Orlando				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Santa Paula				STATE Ca			
CITY Santa Paula				STATE Ca				ZIP CODE 93060			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY N/A				STREET ADDRESS (NO P.O. BOX) N/A			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY N/A				STATE [REDACTED]			
COUNTY OF DOMICILE Ventura				JURISDICTION WHERE COMMITTEE IS ACTIVE Ventura County				NAME OF PRINCIPAL OFFICER(S) Carlos Juarez			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Santa Paula			
								STATE Ca			
								ZIP CODE 93060			
								AREA CODE/PHONE [REDACTED]			

3. Verification

I have used all reasonable diligence in preparing this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on	08-21-2022	By	[REDACTED]
	DATE		
Executed on	08-21-2022	By	[REDACTED]
	DATE		
Executed on	_____	By	[REDACTED]
	DATE		
Executed on	_____	By	[REDACTED]
	DATE		

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Carlos Juarez for City Council 2022	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	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		
Carlos Juarez	City Council	2022	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