

**CITY OF SANTA PAULA  
CITY CLERK**

**Statement of Organization  
Recipient Committee**

Statement Type

Termination - See Part 5

Amendment

Initial  
 Not yet qualified  
or  
 Date qualification threshold met

Date qualification threshold met

Date of termination  
12 / 30 / 22

CALIFORNIA  
FORM  
410  
For Official Use Only

Date Stamp  
JAN 03 2022

RECEIVED

**1. Committee Information** I.D. Number 1453937 (if applicable)

NAME OF COMMITTEE  
Manuel Minjares for Santa Paula City Council 2022

NAME OF TREASURER  
Susan Escoto

STREET ADDRESS (NO P.O. BOX)  
511 Santa Paula St.

CITY  
Santa Paula

STATE  
CA

ZIP CODE  
93060

AREA CODE/PHONE  
805-421-8302

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
minjares4SP@gmail.com

COUNTY OF DOMICILE  
Ventura

JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Santa Paula

Attach additional information on appropriately labeled continuation sheets.

**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 \_\_\_\_\_ By \_\_\_\_\_

DATE 12-30-22

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE 12-30-22

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

DATE \_\_\_\_\_

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER  
1453937

COMMITTEE NAME  
Manuel Minjares for Santa Paula City Council 2022

**All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION

Bank of Sierra

AREA CODE/PHONE

905-525-1999 x5004

BANK ACCOUNT NUMBER

2702176259

ADDRESS

901 E. Main St.

CITY

Santa Paula

STATE

CA

ZIP CODE

93060

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officer/holder, candidate, or state measure proponent. If candidate or officer/holder 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 officer/holder or candidate is affiliated or check "nonpartisan." Staffing "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/OFFICER/HOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(list political party below)
Manuel A. Minjares	Santa Paula City Council	2022	Nonpartisan <input checked="" type="checkbox"/> Partisan <input type="checkbox"/>	Democrat (list political party below)
			Nonpartisan <input type="checkbox"/> Partisan <input type="checkbox"/>	

**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 OFFICER/HOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE

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LA NUMBER  
1453937

COMMITTEE NAME  
Manual Miniars for Santa Paula City Council 2022

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, office holder, or parent 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 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.