

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

Date Stamp

RECEIVED
JAN 03 2024

CALIFORNIA FORM 410

For Official Use Only

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

Committee to elect Lewis Pacheco for IED Director Division 4

NAME OF TREASURER

Lewis Pacheco

I.D. Number (if applicable)

117 9th street
Calexico CA 92231 760-222-8342

117 9th st
Calexico CA 92231 760-222-8342

STREET ADDRESS (NO P.O. BOX)

117 9th street

117 9th st

CITY

Calexico CA

Calexico CA

STATE

CA

CA

ZIP CODE

92231

92231

AREA CODE/PHONE

760-222-8342

760-222-8342

FULL MAILING ADDRESS (IF DIFFERENT)

117 9th street
Calexico CA 92231 760-222-8342

117 9th st
Calexico CA 92231 760-222-8342

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

Pacheco 1947 lewis@gmail.com

Pacheco 1947 lewis@gmail.com

COUNTY OF DOMICILE

Imperial

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Calexico, CA

Calexico, CA

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.

Attach additional information on appropriately labeled continuation sheets.

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.

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.

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

12-28-2023

By Lewis Pacheco

By Lewis Pacheco

DATE

DATE

DATE

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee to Elect Lewis Pacheco IID Director Division 4

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION
Sun Community

AREA CODE/PHONE
760 337-4200

BANK ACCOUNT NUMBER

CITY
Calexico

STATE
CA

ZIP CODE
92231

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 Nonpartisan Partisan | (list political party below) |
|--|---|------------------|--|------------------------------|
| <i>Lewis Pacheco</i> | <i>IID Director Division 4</i> | <i>2024</i> | <input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan | |
| | | | <input type="checkbox"/> Nonpartisan <input type="checkbox"/> 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 |
|--|--|--------------------------------|
| | | |
| | | |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Committee Name: *Committee to Elect Lewis Packard IFD Director Division 4*

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

CITY

STATE

ARFA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or person 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.

Statement of Organization
Recipient Committee

133 1465833

Statement Type

Initial
Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met

Termination - See Part 5
Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JAN 09 2024

CALIFORNIA
FORM 410
For Official Use Only

JAN 16 2024

2. Treasurer and Other Principal Officers

1. Committee Information

| | | | |
|---|--------------------------|--|--|
| NAME OF COMMITTEE Committee to elect Lewis Pacheco to FID Director Division 4 | | I.D. Number <i>(if applicable)</i> | |
| STREET ADDRESS (NO P.O. BOX) 117 gm street | | STATE CA | AREA CODE/PHONE 760-222-8342 |
| CITY Calexico | ZIP CODE 92231 | STATE CA | AREA CODE/PHONE 760-222-8342 |
| FULL MAILING ADDRESS (IF DIFFERENT) Calexico 1947 Lewis @ gmail . com | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Pacheco 1947 Lewis @ gmail . com | | JURISDICTION WHERE COMMITTEE IS ACTIVE Calexico , CA | |
| NAME OF PRINCIPAL OFFICER(S) Lewis Pacheco | | | |
| STREET ADDRESS (NO P.O. BOX) 117 gm st | | STATE CA | ZIP CODE 92231 |
| NAME OF PRINCIPAL OFFICER(S) pacheco 1947 lewis @ gmail . com | | | |
| STREET ADDRESS (NO P.O. BOX) | | STATE | ZIP CODE |
| CITY | | STATE | ZIP CODE |
| STREET ADDRESS (NO P.O. BOX) | | STATE | ZIP CODE |
| CITY | | STATE | ZIP CODE |

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 12-28-2023 By Lewis Pacheco
 Executed on 1-4-24 By Lewis Pacheco
 Executed on _____ By _____
 Executed on _____ By _____

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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ID NUMBER

COMMITTEE NAME

Committee to Elect Lewis Pacheco FFD Director Division 4

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

NAME OF FINANCIAL INSTITUTION

Sun Community

AREA CODE/PHONE

760.337-4200

BANK ACCOUNT NUMBER

ADDRESS

2536 Rockwood Ave

CITY

CALEXICO

STATE

CA

ZIP CODE

92231

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." 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

Lewis Pacheco

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

FFD Director
DIVISION 4

YEAR OF
ELECTION

2024

PARTY
CHECK ONE

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Lewis Packard IFD Director Division 4

Page 3

I.D. NUMBER

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

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officerholder, orponent 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.

**Statement of Organization
Recipient Committee**

**CALIFORNIA 410
FORM**

For Official Use Only



Initial
 Not yet qualified
 Date qualification threshold met
 Date qualification threshold met: 02/03/24

Termination - See Part 5
 Date of termination: _____

| 1. Committee Information | | I.D. Number <i>(if applicable)</i> | |
|--|--------------------|--|--|
| NAME OF COMMITTEE <u>Committee to Elect Lewis Pacheco for IFD Director Division 4</u> | | | |
| STREET ADDRESS (NO P.O. BOX) <u>117 9th st</u> | | AREA CODE/PHONE <u>92231 760 222 8342</u> | |
| CITY <u>CALEXICO CA</u> | STATE <u>CA</u> | ZIP CODE <u>92231</u> | AREA CODE/PHONE <u>760 222 8342</u> |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <u>pacheco1947@gmail.com</u> | | | |
| COUNTY OF DOMICILE <u>Imperial</u> | | JURISDICTION WHERE COMMITTEE IS ACTIVE <u>CALEXICO CA</u> | |
| Attach additional information on appropriately labeled continuation sheets. | | | |

2. Treasurer and Other Principal Officers

| | | | | |
|---|--|--|--------------------|--------------------------|
| NAME OF TREASURER <u>Lewis Pacheco</u> | | CITY <u>calexico</u> | STATE <u>CA</u> | ZIP CODE <u>92231</u> |
| STREET ADDRESS (NO P.O. BOX) <u>117 9th st</u> | | AREA CODE/PHONE <u>760 222 8342</u> | | |
| EMAIL ADDRESS OF TREASURER (REQUIRED) <u>pacheco1947@gmail.com</u> | | | | |
| 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 California that the foregoing is true and correct.

Executed on 02.03.24 By Lewis Pacheco
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02.03.24 By Lewis Pacheco
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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| | | | |
|---|--|--|---------------------------------------|
| COMMITTEE NAME <i>Committee to Elect Lewis Pacheco IID Director Division 4</i> | | I.D. NUMBER <i>1465833</i> | |
| <p>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</p> | | | |
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>SUN COMMUNITY</i> | | AREA CODE/PHONE <i>760-337-4200</i> | BANK ACCOUNT NUMBER <i>6433200</i> |
| ADDRESS OF FINANCIAL INSTITUTION <i>2536 Rockwood Ave</i> | | CITY <i>Calexico</i> | STATE <i>CA</i> |
| | | ZIP CODE <i>92231</i> | |

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) |
|--|---|------------------|---|---------------------------------------|
| <i>Lewis Pacheco</i> | <i>IID Director Division 4</i> | <i>2024</i> | Nonpartisan <input checked="" type="checkbox"/> | Partisan |
| | | | 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 |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1465833

COMMITTEE NAME
Committee to Elect Lewis Pacheco IED Director Division 4

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, orponent, certify that all of the following conditions have been met:

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