

**Statement of Organization
Recipient Committee**

**CALIFORNIA
FORM 410**

For Official Use Only

Date stamp
**Registrar
of Voters**

SEP 09 2024

Imperial
County

Termination - See Part 5

Amendment

Initial

Not yet qualified
or
 Date qualification threshold met

Date qualification threshold met

09/07/24

Date of termination

1. Committee Information NAME OF COMMITTEE Frances A. Terrazas for El Centro Elementary School District Board-2024		I.D. Number (if applicable) 1473750	
STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr. El Centro Ca. 92243 760996-7706		STATE Ca. 92243 760996-7706	
FULL MAILING ADDRESS (IF DIFFERENT) P.O. Box 2123 El Centro Ca. 92244 frances.terrazas@gmail.com		AREA CODE/PHONE 760 996-7706	
COUNTY OF DOMICILE Imperial		JURISDICTION WHERE COMMITTEE IS ACTIVE El Centro, Ca.	
Attach additional information on appropriately labeled continuation sheets.			
3. Verification			

2. Treasurer and Other Principal Officers

NAME OF TREASURER Jesus J. Terrazas		STATE Ca. 92243	
STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr. El Centro Ca. 92243		ZIP CODE 92243	
EMAIL ADDRESS OF TREASURER (REQUIRED) jccapint@terrazas@yahoo.com 760 604-3863		AREA CODE/PHONE 760 604-3863	
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)		CITY	
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		STATE	
AREA CODE/PHONE		ZIP CODE	
NAME OF PRINCIPAL OFFICER(S) Frances A. Terrazas			
STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr. El Centro Ca. 92243		STATE Ca. 92243	
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) frances.terrazas@gmail.com 760 996-7706		AREA CODE/PHONE 760 996-7706	

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 7-08-24 By [Signature]
 Executed on 9-08-24 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

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COMMITTEE NAME *Frances A. Terrazas for El Centro Elementary School District Board - 2024* I.D. NUMBER *1473750*

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
 U.S. Bank AREA CODE/PHONE *442 270 3101* BANK ACCOUNT NUMBER *157535692055*

ADDRESS OF FINANCIAL INSTITUTION
 576 W. Main St. El Centro Ca. 92243 STATE ZIP CODE

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

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)
			Nonpartisan	Partisan	
<i>Frances A. Terrazas</i>	<i>El Centro Elementary School District - trustee Board Member</i>	<i>2024</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>(list political party below)</i>
			<input type="checkbox"/>	<input type="checkbox"/>	<i>(list political party below)</i>

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

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COMMITTEE NAME

Frances A. Terrazas for El Centro Elementary
School District Board - 2024

I.D. NUMBER

1473750

4. Type of Committee (Continued)

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, officer, official, orponent certifies 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.