

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
 Amendment
 Date qualification threshold met

Termination - See Page
 Date of termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 SEP 12 2024
 CALIFORNIA 410
 FORM
 For Official Use Only
 For Voters
 SEP 19 2024

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.
 CITY: El Centro CA 92243
 STATE: CA ZIP CODE: 92243 AREA CODE/PHONE: 7609967706
 FULL MAILING ADDRESS (IF DIFFERENT): P.O. Box 2123 El Centro CA 92244
 E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL): frances.terrazas@gmail.com
 COUNTY OF DOMICILE: Imperial JURISDICTION WHERE COMMITTEE IS ACTIVE: El Centro, CA.
 Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
 NAME OF TREASURER: Jesus J. Terrazas
 STREET ADDRESS (NO P.O. BOX): 1744 Desert Gardens Dr. El Centro Ca 92243
 CITY: El Centro Ca 92243
 STATE: CA ZIP CODE: 92243
 AREA CODE/PHONE: 760604-3863
 EMAIL ADDRESS OF TREASURER (REQUIRED): jterrazas@yahoo.com
 NAME OF ASSISTANT TREASURER, IF ANY: Frances A. Terrazas
 STREET ADDRESS (NO P.O. BOX): 1744 Desert Gardens Dr. El Centro Ca 92243
 CITY: El Centro Ca 92243
 STATE: CA ZIP CODE: 92243
 AREA CODE/PHONE: 760996-7706

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 9-08-24 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9-08-24 BY [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME *Frances A. Terreros 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
 AREA CODE/PHONE *442270 3101* BANK ACCOUNT NUMBER *157535692055*
U.S. Bank

ADDRESS OF FINANCIAL INSTITUTION
 CITY *El Centro* STATE *Ca.* ZIP CODE *92243*
516 w. Main St.

A. 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>Frances A. Terreros</i>	<i>El Centro Elementary School District - Board Member</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	Partisan
			<input type="checkbox"/> Nonpartisan	Partisan

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
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

1473750

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COMMITTEE NAME

Frances A. Levezco for El Castro Elementary School District Board - 2024

4. Type of Committee (Continued)

General Purpose Committee

CITY Committee

COUNTY Committee

STATE Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

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 this verification, the treasurer, assistant treasurer and/or candidate, officer, holder, or permanent staff, 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.