

Statement of Organization  
Recipient Committee

FL13 1465833

CALIFORNIA FORM 410

For Official Use Only

JAN 16 2024

rlap

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

JAN 09 2024

Date Stamp

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF TREASURER  
**Lewis Pacheco**

I.D. Number (if applicable)  
**Committee to elect Lewis Pacheco for I.D. Director Division 4 2024**

STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY  
**pacheco 1947 lewis@gmail.com**

FULL MAILING ADDRESS (IF DIFFERENT)  
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
**Pacheco 1947 lewis@gmail.com**  
COUNTY OF DOMICILE  
**Calexico, CA**  
JURISDICTION WHERE COMMITTEE IS ACTIVE

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 12-28-2023 By [Redacted]  
Executed on 1-4-24 By [Redacted]  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
Executed on \_\_\_\_\_ By \_\_\_\_\_

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I.D. NUMBER

COMMITTEE NAME  
*Committee to Elect Lewis Pacheco IID 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 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>Lewis Pacheco</i>	<i>IID Director Division 4</i>	<i>2024</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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 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
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Lewis Pacheco IFPD 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, the treasurer, assistant treasurer and/or candidate, officeholder, 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.