

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
 Amendment
 Termination - See Part 5

Date qualification threshold met or
 02, 03, 24


Date qualification threshold met
 02, 03, 24

Date of termination
 / /

Date Stamp

REGISTRE

FEB 13, 2024

BY 

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE I.D. Number (if applicable)

Committee to elect Lewis Pacheco for FID Director Division 4

STREET ADDRESS (NO. P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

pacheco19477lewis@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

Calixto CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Lewis Pacheco

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

pacheco19477lewis@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

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

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)


NAME OF PRINCIPAL OFFICER(S)


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

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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 statements are true and correct.

Executed on 02, 03, 24 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02, 03, 24 By  SIGNATURE OF CONTROLLING OFFICER/PROPOSER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Committee to Elect Lewis Pacheco I1D Director Division 4 I.D. NUMBER
1465833

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 <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>I1D Director Division 4</i>	<i>2024</i>	Nonpartisan <input checked="" 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 OPOSE
		SUPPORT OPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

Committee to Elect Lewis Pacheco IFO Director Division 4

I.D. NUMBER

1465833

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, 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 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.