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CALIFORNIA FORM 410
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By: 13 L/KT

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met
02/03/24

Termination - See Part 5
Date of termination
____/____/____

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Committee to Elect Lewis Pacheco for IID Director Division 4			NAME OF TREASURER Lewis Pacheco	
STREET ADDRESS (NO P.O. BOX) 117 9th St			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE 117 9th St Calexico CA 92231	
CITY STATE ZIP CODE AREA CODE/PHONE Calexico CA 92231 760 222 8342			EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE pacheco1947lewis@gmail.com 760 222 8342	
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) pacheco1947lewis@gmail.com			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE Imperial	JURISDICTION WHERE COMMITTEE IS ACTIVE Calexico CA		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.			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 OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Lewis Pacheco IID Director Division 4	I.D. NUMBER 1465833
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• 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 Sun Community	AREA CODE/PHONE 760-337-4200	BANK ACCOUNT NUMBER 6433200
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ADDRESS OF FINANCIAL INSTITUTION 2536 Rockwood Ave	CITY Calexico	STATE CA	ZIP CODE 92231
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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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Lewis Pacheco	IID Director Division 4	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 Pacheco IID 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 ponent 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.