

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ **Initial**

☐ Not yet qualified  
or

☐ Date qualification threshold met

\_\_\_\_/\_\_\_\_/\_\_\_\_

☒ **Amendment**

Date qualification threshold met

10 / 25 / 24

☐ **Termination – See Part 5**

Date of termination

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp

**RECEIVED**

**OCT 31 2024**

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

██████████

NAME OF COMMITTEE

Yes on Measure Y Committee

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)

██████████

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Coachella

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Neftali Galarza

STREET ADDRESS (NO P.O. BOX)

██████████

CITY

██████████

STATE

ZIP CODE

██████████

EMAIL ADDRESS OF TREASURER (REQUIRED)

██████████

AREA CODE/PHONE

██████████

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Neftali Galarza

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 10/25/2024

DATE

By

██████████

TREASURER OR ASSISTANT TREASURER

Executed on 10/25/2024

DATE

By

██████████

CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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I.D. NUMBER

[REDACTED]

COMMITTEE NAME

Yes on Measure Y Committee

- 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

Mechanics Bank

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

1491 South 6th St

CITY

Coachella

STATE

CA

ZIP CODE

92236

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

			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	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

Measure Y	Coachella, CA	SUPPORT ✓	OPPOSE
		SUPPORT	OPPOSE