	RECEIVED										
Statement of Organization Recipient Committee				AUG 1:4 2024	Date Stamp	CALIFORNIA FORM	410				
Statement Type	ent Type Initial Amendment			Termination - See Part 5		For Official Us	e Only				
	O Not yet qualified										
	or ⊘ Date qualification threshold thet Date qualification threshold met			Date of termination							
	08 / 09 / 2024										
1. Committee I	nformation I.D. Number	Pending		The second secon	ther Principal Officers						
NAME OF COMMITTEE				NAME OF TREASURER							
Committee to Elect Frank Figueroa for Coachella Mayor 2024				Frank Figueroa STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE				
	· ·	•		STREET ADDRESS (NO P.O. BOX)	Coachella	CA	92236				
				EMAIL ADDRESS OF TREASURER			DE/PHONE				
STREET ADDRESS (NO P.C	D. BOX)						,				
	Secretary and the secretary an			NAME OF ASSISTANT TREASURE	ER, IF ANY	<u> </u>	MMT:				
Coachella	STATE CA	zip code Area code/phone 92236									
FULL MAILING ADDRESS		92236		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE				
TOLE MAILING ADDRESS	(ii bii tateleji)			SMAN ADDOTES OF ACSISTANT	TREACURER (PROJURED)	1051.50	DE/DUANE				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)!				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE							
votefigueroa4coachella@gmail.com				NAME OF PRINCIPAL OFFICER(S)						
COUNTY OF DOMICILE	JURISDICTION WHERE C	OMMITTEE IS ACTIVE		***							
Riverside	Coachella			STREET ADDRESS (NO P.O. BOX)	CITY	STATIÉ	ZIP CODE				
					3						
Attach additional information on appropriately labeled continuation sheets.				EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CO	DE/PHONE				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
			_								
3. Verification											
	sonable diligence in preparing th under the laws of the State of C				d herein is true and	complete. I certify	under				
Executed on	11212024 By										
Executed on	DATE By	SIĞNATURE OF CONTROL	LING	OFFICEHOLDER, CANDIDATE, OF STATE MEA	SURE PROPONENT						
Executed on	DATE By	SIGNATURE OF CONTROL	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT							
Executed on	Ву										
	DATE	SIGNATURE OF CONTROL	LLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT						

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization								~~					
Statement of Organization Recipient Committee	CALIFORNIA 410												
INSTRUCTIONS: ON REVERSE	Page 2												
COMMITTEE NAME	I.D. NUMBER												
Committee to Elect Frank Figueroa for Coachella Mayor 2024	Pending												
 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 RECOR		AREA CODE/PHONE BANK ACCO			บ้ทT NUMBER	· ·							
Mechanics Bank			760-346-0228										
ADDRESS OF FINANCIAL INSTITUTION	CITY	CITY			STATE ZIP (P CODE						
73-611 CA-111	Pal	Palm Desert			CA		92260						
4. Type of Committee Complete the applicable sections.							7"						
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 affiliate	d or check "nonpart	san."	Stating "No par	rty prefere	nce" is accep	table.						
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 SOL					YEAR OF ELECTION	PAR* CHECK	ONE						
Frank Figueroa	achella Mayor			2024	Nonpartisan	Partisan (list political part		ty below)					
		and the second s		,		Nonpartisan	Partisan	(list political par	ty below)				
Primarily Formed Committee Primarily formed to support or op	pose spec	ific candidates or me	asure	s in a single ele	ection. List	below:							
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)													
				***************************************			· · · · · · · · · · · · · · · · · · ·	SUPPORT	OPPOSE				
					,			SUPPORT	OPPOSE				