

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	<input type="checkbox"/> Amendment Date qualification threshold met	<input type="checkbox"/> Termination - See Part 5 Date of termination
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Date Stamp
RECEIVED
 JUL 31 2020
CALIFORNIA 410
 FORM
 For Official Use Only

1. Committee Information I.D. Number *(if applicable)*

NAME OF COMMITTEE
CECILIA SUAREZ FOR OAKDALE CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE
 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
 [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
CECILIASUAREZ.OCCCANDIDATE@GMAIL.COM

COUNTY OF DOMICILE STANISLAUS	JURISDICTION WHERE COMMITTEE IS ACTIVE DISTRICT 10	NAME OF PRINCIPAL OFFICER(S) CECILIA SUAREZ
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STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CECILIA SUAREZ

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
 [REDACTED]

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 07/30/2020	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on 07/30/2020	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [REDACTED]	By [REDACTED]	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

COMMITTEE NAME
CECILIA SUAREZ FOR OAKDALE CITY COUNCIL

All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

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		
CECILIA SUAREZ	OAKDALE CITY COUNCIL CANDIDATE-DISTRICT 10	2020	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) NPP

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

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COMMITTEE NAME

CECILIA SUAREZ FOR OAKDALE CITY COUNCIL

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I.D. NUMBER

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

RUNNING FOR CITY COUNCIL OF OAKDALE, CA

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.