

**Statement of Organization  
Recipient Committee**

Statement Type

|   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial  | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met   | Date of termination  |
| ____/____/____  | ____/____/____                     | 01 / 31 / 2025   |

Date Stamp  
**RECEIVED**  
JAN 30 2025  
BY: *[Signature]*

**CALIFORNIA FORM 410**  
For Official Use Only

| 1. Committee Information   |  | I.D. Number 1475512<br><small>(if applicable)</small> |  | 2. Treasurer and Other Principal Officers           |                    |                          |  |
|--|--|---|--|---|--------------------|--------------------------|--|
| NAME OF COMMITTEE<br><b>Re-Elect Darlene Barber-Martinez<br/>City Council Member<br/>Riverbank District 4 2024</b> |  |   |  | NAME OF TREASURER<br><b>Arlene Figueroa</b>         |                    |                          |  |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |  |   |  | CITY<br><b>Riverbank</b>                            | STATE<br><b>CA</b> | ZIP CODE<br><b>95367</b> |  |
| STREET ADDRESS (NO P.O. BOX)<br>[REDACTED]   |  |   |  | EMAIL ADDRESS OF TREASURER (REQUIRED)<br>[REDACTED] |                    |                          |  |
| CITY<br><b>Riverbank</b>   |  |   |  | NAME OF ASSISTANT TREASURER, IF ANY                 |                    |                          |  |
| STATE<br><b>CA</b>   |  |   |  | STREET ADDRESS (NO P.O. BOX)                        |                    |                          |  |
| ZIP CODE<br><b>95367</b>   |  |   |  | CITY  |                    |                          |  |
| AREA CODE/PHONE<br>[REDACTED]  |  |   |  | STATE   |                    |                          |  |
| FULL MAILING ADDRESS (IF DIFFERENT)  |  |   |  | ZIP CODE  |                    |                          |  |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)<br><b>darlenemartinez@sbcglobal.net</b>                    |  |   |  | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)     |                    |                          |  |
| COUNTY OF DOMICILE<br><b>Stansislaus</b>   |  |   |  | AREA CODE/PHONE                                     |                    |                          |  |
| JURISDICTION WHERE COMMITTEE IS ACTIVE<br><b>Riverbank</b>   |  |   |  | NAME OF PRINCIPAL OFFICER(S)                        |                    |                          |  |
| [REDACTED]   |  |   |  | STREET ADDRESS (NO P.O. BOX)                        |                    |                          |  |
| [REDACTED]   |  |   |  | CITY  |                    |                          |  |
| [REDACTED]   |  |   |  | STATE   |                    |                          |  |
| [REDACTED]   |  |   |  | ZIP CODE  |                    |                          |  |
| [REDACTED]   |  |   |  | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)    |                    |                          |  |
| [REDACTED]   |  |   |  | AREA CODE/PHONE                                     |                    |                          |  |
| <p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>                          |  |   |  |   |                    |                          |  |

**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 1/31/2025 By *[Signature]*  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on January 31, 2025 By *[Signature]*  
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