

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="radio"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	1/28/25

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

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF TREASURER		NAME OF TREASURER	
Garcia for City Council 04 2024		Kexena Garcia		Kexena Garcia		Kexena Garcia	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
CITY		CITY		CITY		CITY	
Riverbank		Riverbank		Riverbank		Riverbank	
STATE		STATE		STATE		STATE	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
ZIP CODE		ZIP CODE		ZIP CODE		ZIP CODE	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
AREA CODE/PHONE		AREA CODE/PHONE		AREA CODE/PHONE		AREA CODE/PHONE	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
FULL MAILING ADDRESS (IF DIFFERENT)		FULL MAILING ADDRESS (IF DIFFERENT)		FULL MAILING ADDRESS (IF DIFFERENT)		FULL MAILING ADDRESS (IF DIFFERENT)	
[Redacted]		[Redacted]		[Redacted]		[Redacted]	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		E-MAIL ADDRESS OF TREASURER (REQUIRED)		E-MAIL ADDRESS OF TREASURER (REQUIRED)		E-MAIL ADDRESS OF TREASURER (REQUIRED)	
garcia4riverbank@gmail.com		garcia4riverbank@gmail.com		garcia4riverbank@gmail.com		garcia4riverbank@gmail.com	
COUNTY OF DOMICILE		COUNTY OF DOMICILE		COUNTY OF DOMICILE		COUNTY OF DOMICILE	
Stanislaus		Stanislaus		Stanislaus		Stanislaus	
JURISDICTION WHERE COMMITTEE IS ACTIVE		JURISDICTION WHERE COMMITTEE IS ACTIVE		JURISDICTION WHERE COMMITTEE IS ACTIVE		JURISDICTION WHERE COMMITTEE IS ACTIVE	
Riverbank		Riverbank		Riverbank		Riverbank	
Attach additional information on appropriately labeled continuation sheets.							

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 1-28-25 By *[Signature]*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-28-25 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER

COMMITTEE NAME
Greoria for City Council D4 2024

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 <i>Fa M Bank</i>	AREA CODE/PHONE <i>209. 571-4000</i>	BANK ACCOUNT NUMBER
---	---	-------------------------

ADDRESS OF FINANCIAL INSTITUTION <i>2401 Patterson Rd.</i>	CITY <i>Triverbank</i>	STATE <i>CA</i>	ZIP CODE <i>95307</i>
---	---------------------------	--------------------	--------------------------

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		
<i>Rayana Greoria</i>	<i>City Council District D4 2024</i>		Nonpartisan <input checked="" type="checkbox"/>	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	
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME
Barbara for City Council DY 2024

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 in Riverbank

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, orponent 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.