

Statement of Organization
Recipient Committee

250

1485356

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 2
 Date of termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 DEC 04 2025

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1. Committee Information		I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <i>Vote Luis Uribe for City Council 2026</i>			NAME OF TREASURER <i>Luis Uribe</i>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY STATE ZIP CODE <i>Riverbank CA 95367</i>
CITY STATE ZIP CODE AREA CODE/PHONE <i>Riverbank CA 95367 [REDACTED]</i>			EMAIL ADDRESS OF TREASURER (REQUIRED) <i>Vote Luis Uribe@gmail.com</i>	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <i>vote Luis Uribe@gmail.com</i>			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE <i>Stanislaus</i>	JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Riverbank</i>		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
<i>Attach additional information on appropriately labeled continuation sheets.</i>			NAME OF PRINCIPAL OFFICER(S)	
			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 11/29/2025 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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
Vote Luis Uribe for City Council 2026

• 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

AREA CODE/PHONE

BANK ACCOUNT NUMBER

Golden 1 Credit Union

877-465-3361

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

2001 McHenry Ave. Suite F Modesto

CA

95350

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>Luis Uribe</i>	<i>City Council</i>	<i>2026</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

Page 3

COMMITTEE NAME

Note Luis Uribe for city Council 2026

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

Council member candidate 2026 general election

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 this 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.