

**Statement of Organization Recipient Committee**

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1474359

**Statement Type**

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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Date Stamp

**DIGITALLY RECEIVED AND FILED**  
 in the office of the California Secretary of State  
**AUG 30 2024**

**CALIFORNIA FORM 410**  
 Alameda County  
**SEP 12 2024**  
 Reg. of Voters  
 R / RLM

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE				NAME OF TREASURER				NAME OF ASSISTANT TREASURER, IF ANY					
Gabriel Anguiano Jr. for Newark School Board 2024				Gabriel Anguiano Jr.									
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE			
██████████				██████████		Newark		CA		94560			
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE					
██████████				██████████				██████████					
CITY		STATE		ZIP CODE		AREA CODE/PHONE		CITY		STATE		ZIP CODE	
Newark		CA		94560		██████████							
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)					
██████████								CITY					
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE	
Alameda													
Attach additional information on appropriately labeled continuation sheets.				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	<u>8/30/2024</u>	By	<u>Gabriel Anguiano Jr.</u>	Digitally signed by Gabriel Anguiano Jr. Date: 2024.08.30 16:18:11 -0700
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Gabriel Anguiano Jr. for Newark School Board 2024	I.D. NUMBER
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**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 Wells Fargo Bank, N.A./Gabriel Anguiano Jr.	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Newark	STATE CA
		ZIP CODE 94560

**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		
Gabriel Anguiano Jr.	Newark School Board Member	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

**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 ponent 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.