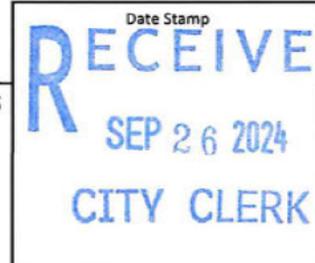


**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 09 / 16 / 2024	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE Elisa Martinez for Newark Mayor 2024		Pending		NAME OF TREASURER Jennifer Ciralo		
STREET ADDRESS (NO P.O. BOX)		CITY		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE Newark CA 94560		
CITY STATE ZIP CODE AREA CODE/PHONE Newark CA 94560		EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE		
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE		
COUNTY OF DOMICILE Alameda	JURISDICTION WHERE COMMITTEE IS ACTIVE Newark		NAME OF PRINCIPAL OFFICER(S)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
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 9/26/2024 By _____
DATE

Executed on 9/26/2024 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

COMMITTEE NAME Elisa Martinez for Newark Mayor 2024	I.D. NUMBER Pending
--	------------------------

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 Chase Elisa Martinez / Jennifer Ciraolo	AREA CODE/PHONE (510) 574-0323	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION Newark	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		
Elisa Martinez	Mayor: City of Newark		Nonpartisan	Partisan X	(list political party below) Democrat
			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
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elisa Martinez for Newark Mayor 2024

I.D. NUMBER

Pending

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.



Jennifer Ciralo <jenniferciralo@gmail.com>

Successful e_filing_Filing ID_ 212189880

2 messages

no-reply@netfilemail.com <no-reply@netfilemail.com>

Thu, Sep 26, 2024 at 6:46 PM

To: jenniferciralo@gmail.com

Hi,

On 09/26/2024 at 6:46:27 PM, an E-filing was submitted to the NetFile system on behalf of filer 'Elisa Martinez for Newark Mayor 2024 (COA-117026)' (filer id# COA-117026). The filing was successful.

Your confirmation for this e-filing is:

CAMPAIGN_201_FPPC410

Filing ID# 212189880

Period 09/25/2024 through 09/25/2024

If you need assistance, please contact NetFile technical support staff at filerhelp@netfile.com.

Sincerely,

NetFile Technical Support

VALIDATION RESULTS:

Line 2 :Warning: 301 A value for field #19 'Business Phone' is required
Line 3 :Warning: 301 A value for field #32 'Year of Election' is required

Errors : 0
Warnings : 2
Info : 0

PASSED VALIDATION

For NetFile Support Only: Job ID = 60d16f54-3c05-4cd9-a7cb-0eaac2aa5ea97

Jennifer Ciralo <jenniferciralo@gmail.com>
To: Elisa Martinez <elisamartinez0609@gmail.com>

Thu, Sep 26, 2024 at 6:47 PM

Form 410

[Quoted text hidden]