

# Statement of Organization Recipient Committee

## Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 09 / 16 / 2024	<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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CALIFORNIA **410**  
FORM

For Official Use Only

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		Pending	NAME OF TREASURER	
Elisa Martinez for Newark Mayor 2024			Jennifer Ciralo	
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
			Newark CA 94560	
CITY STATE ZIP CODE AREA CODE/PHONE			EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE	
Newark CA 94560				
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
Alameda	Newark			
Attach additional information on appropriately labeled continuation sheets.			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	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

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COMMITTEE NAME Elisa Martinez for Newark Mayor 2024		I.D. NUMBER Pending	
<b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b>			
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	(list political party below)
				X	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

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I.D. NUMBER

Pending

COMMITTEE NAME

Elisa Martinez for Newark Mayor 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

### 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 &lt;jenniferciralo@gmail.com&gt;

**Successful e\_filing\_ Filing ID\_ 212189880**

2 messages

Thu, Sep 26, 2024 at 6:46 PM

**no-reply@netfilemail.com** <no-reply@netfilemail.com>  
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](mailto: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-0eac2aa5ea97

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

Thu, Sep 26, 2024 at 6:47 PM

Form 410

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