

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

RECEIVED
SEP 3 2024
CITY CLERK

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

ELISA MARTINEZ FOR NEWARK MAYOR 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
NEWARK CA 94560

FULL MAILING ADDRESS (IF DIFFERENT)

NEWARK CA 94560

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
ALAMEDA

JURISDICTION WHERE COMMITTEE IS ACTIVE
NEWARK

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JENNIFER CIRAULO

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
NEWARK CA 94560

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

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 08/20/204 By _____
DATE

Executed on 08/20/2024 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

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME ELISA MARTINEZ FOR NEWARK MAYOR 2024			I.D. NUMBER	
• 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 BANK / ELISA MARTINEZ + JENNIFER CIRAULO		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION		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, NEWARK	2024	Nonpartisan	Partisan ✓	(list political party below) DEMOCRATIC
			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

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

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.