

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 07 / 23 / 2024	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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Date Stamp RECEIVED JUL 25 2024 CITY CLERK	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE Jacinta Arteaga for City Council 2024			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Newark	STATE CA	ZIP CODE 94560	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			
COUNTY OF DOMICILE Alameda	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Newark		
Attach additional information on appropriately labeled continuation sheets.			

2. Treasurer and Other Principal Officers

NAME OF TREASURER Gustavo Rivera Jr.			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Union City	STATE CA	ZIP CODE 94587
EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
NAME OF PRINCIPAL OFFICER(S) Jacinta Arteaga			
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY Newark	STATE CA	ZIP CODE 94560
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	

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	07-25-24	By	Gustavo Rivera Jr.	<small>Digitally signed by Gustavo Rivera Jr. DN: cn=Gustavo Rivera Jr., o=City of Newark Reason: I am the signer of this document. Signed: 2024.07.25 16:20:53 -0700 SHA-256 with RSA Signature</small>
	DATE			SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	07-25-24	By	Jacinta Arteaga	<small>Digitally signed by Jacinta Arteaga Date: 2024.07.25 16:20:53 -0700</small>
	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 Jacinta Arteaga for City Council 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 Wells Fargo Bank		AREA CODE/PHONE 510-792-3301	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		
Jacinta Arteaga	Newark City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below) Democrat
			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"/>

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I.D. NUMBER

COMMITTEE NAME

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.