

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	7 / 31 / 2023

Date Stamp
RECEIVED
JUL 27 2023
CITY CLERK
J. P. [Signature]

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number 1448236 <small>(If applicable)</small>	
NAME OF COMMITTEE Blanca Lopez-Brown For City Council 2022	NAME OF TREASURER Jerry Jones
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]	CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)	NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	STREET ADDRESS (NO P.O. BOX)
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE [REDACTED]	CITY STATE ZIP CODE AREA CODE/PHONE
	NAME OF PRINCIPAL OFFICER(S)
	STREET ADDRESS (NO P.O. BOX)
	CITY STATE ZIP CODE AREA CODE/PHONE
<i>Attach additional information on appropriately labeled continuation sheets.</i>	

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 information provided is true and correct.

Executed on <u>7/24/2023</u>	By _____
Executed on <u>7/24/2023</u>	By _____
Executed on _____	By _____
Executed on _____	By _____

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Blanca Lopez-Brown For City Council 2022	I.D. NUMBER 1448236
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER 23265564 (closed)
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ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
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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		
Blanca Lopez-Brown	City Council	2022	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"/>