Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

For Official Use Only

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Date Stamp
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of the State of California
AUG 01 2025
Hand Delivered, Sacramento

Statement Type

- ☑ Initial
  - ◉ Not yet qualified
  - or
  - ○ Date qualification threshold met ____/____/____
- ☐ Amendment — Date qualification threshold met ____/____/____
- ☐ Termination – See Part 5 — Date of termination ____/____/____

1. Committee Information

I.D. Number (If applicable)

NAME OF COMMITTEE
Perez for City Council 2025

STREET ADDRESS (NO P.O. BOX)

CITY: Los Banos | STATE: CA | ZIP CODE: 93635 | AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE: Merced

JURISDICTION WHERE COMMITTEE IS ACTIVE: District 1

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mizty Perez

STREET ADDRESS (NO P.O. BOX) | CITY: Los Banos | STATE: CA | ZIP CODE: 93635

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)
Mitzy Perez

STREET ADDRESS (NO P.O. BOX) | CITY: Los Banos | STATE: CA | ZIP CODE: 93635

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 07/31/25 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/31/25 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)