DUPLICATE

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
12 / 31 / 2022

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CITY CLERK'S OFFICE
CITY OF GALT

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable) 1451124

NAME OF COMMITTEE
Lozano for Council 2022

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Galt | CA | 95632 | [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE: Sacramento

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Galt

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Richard D. Lozano

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Galt | CA | 95632 | [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Richard D. Lozano

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Galt | CA | 95632 | [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 Cali[redacted]

Executed on 12/21/2022 (DATE) By _____ T TREASURER

Executed on 12/21/2022 (DATE) By _____ 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)