

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp  
**RECEIVED**  
**SEP 09 2021**  
CITY CLERKS OFFICE  
CITY OF TULARE

**CALIFORNIA FORM 410**

For Official Use Only

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number 1378509 <small>(if applicable)</small>				NAME OF TREASURER Emmanuel Hernandez Soto			
NAME OF COMMITTEE Tulare Democratic Club				STREET ADDRESS (NO P.O. BOX) ██████████			
STREET ADDRESS (NO P.O. BOX) ██████████				CITY Visalia	STATE CA	ZIP CODE 93291	AREA CODE/PHONE ██████████
CITY Tulare	STATE CA	ZIP CODE 93274	AREA CODE/PHONE (559) 991-5239	NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) ██████████				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) tularedemocraticclub1@gmail.com				CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE TULARE	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Tulare; surrounding areas			NAME OF PRINCIPAL OFFICER(S) Alex Gutierrez			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) ██████████			
				CITY ██████████	STATE ██████████	ZIP CODE ██████████	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 09/09/2021 By ██

Executed on 09/09/2021 By ██  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Tulare Democratic Club	I.D. NUMBER 1378509
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of the Sierra	AREA CODE/PHONE (559) 686-4900	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Tulare	STATE CA	ZIP CODE 93274

**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		(list political party below)
			Nonpartisan	Partisan	

**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	OPPC

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER  
1378509

**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

To register, engage and GOTV "get the vote out" of registered Democrats to support,/promote our endorsed Democratic candidates in the city of Tulare and surrounding areas.

**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.