

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
 Termination - See Part 5

Date qualification threshold met
10/3/2022
Date of termination
____/____/____

Date Stamp
**CALIFORNIA 410
FORM**
For Official Use Only

1. Committee Information
NAME OF COMMITTEE: **COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022**
I.D. Number (if applicable): 1452534

STREET ADDRESS (NO P.O. BOX): **49 CALIFORNIA AVE**
CITY: **BEAUMONT** STATE: **CA** ZIP CODE: **92223** AREA CODE/PHONE: **951-333-1465**

FULL MAILING ADDRESS (IF DIFFERENT): **PO BOX 129 BEAUMONT CA 92223**

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): **davidjcastaldo@msn.com**

COUNTY OF DOMICILE: **RIVERSIDE** JURISDICTION WHERE COMMITTEE IS ACTIVE: **CITY OF BEAUMONT**

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: **DAVID CASTALDO**
STREET ADDRESS (NO P.O. BOX): **49 CALIFORNIA AVE.**
CITY: **BEAUMONT** STATE: **CA** ZIP CODE: **92223** AREA CODE/PHONE: **951-333-1465**

NAME OF ASSISTANT TREASURER, IF ANY: _____
STREET ADDRESS (NO P.O. BOX): _____
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: _____

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 10/3/2022 By [Signature]
Executed on 10/3/2022 By [Signature]
Executed on _____ By _____
Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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1452534

COMMITTEE NAME
COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF HEMET	AREA CODE/PHONE 951-766-4195	BANK ACCOUNT NUMBER 6101273735
ADDRESS 1540 EAST 6TH STREET	CITY BEAUMONT	STATE CA
		ZIP CODE 92223

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	(list political party below)
DAVID CASTALDO	BEAUMONT CITY COUNCIL	2022	Nonpartisan <input checked="" type="checkbox"/>	Nonpartisan (list political party below)
			Nonpartisan	Nonpartisan (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 OPPOSE
	SUPPORT OPPOSE

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COMMITTEE NAME

COMMITTEE TO ELECT DAVID CASTALDO TO BEAUMONT CITY COUNCIL 2022

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.