

**Statement of Organization  
Recipient Committee**

R33  
L 1398694

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date qualified as committee (If amending to provide this date) \_\_\_\_\_  
 \_\_\_\_\_  
 Date of termination \_\_\_\_\_

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in the office of the Secretary of State  
of the State of California

SEP 01 2017

CALIFORNIA FORM 410

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R/PA

**1. Committee Information**

I.D. Number (if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
COMMITTEE SUPPORTING THE RECALL OF TRUSTEE JOSEPH BARRAGAN

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Riverside CA 92506 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
RIVERSIDE RIVERSIDE COUNTY

NAME OF TREASURER  
GABRIELA PLASCENCIA

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

CITY STATE ZIP CODE AREA CODE/PHONE  
RIVERSIDE CA 92506 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
EVA AMEZOLA

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

CITY STATE ZIP CODE AREA CODE/PHONE  
RIVERSIDE CA 92506 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**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 08/28/2017 By [REDACTED]  
 Executed on 08/28/2017 By [REDACTED]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

|   |             |
|---|-------------|
| COMMITTEE NAME<br><b>COMMITTEE SUPPORTING THE RECALL OF TRUSTEE JOSEPH BARRAGAN</b> | I.D. NUMBER |
|---|-------------|

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

|   |                               |                                   |                          |
|---|-------------------------------|-----------------------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION<br><b>BANK OF AMERICA</b> | AREA CODE/PHONE<br>[REDACTED] | BANK ACCOUNT NUMBER<br>[REDACTED] |                          |
| ADDRESS<br>[REDACTED]                                   | CITY<br><b>RIVERSIDE</b>      | STATE<br><b>CA</b>                | ZIP CODE<br><b>92506</b> |

**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."
- 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 PROONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY                                |
|---|---|------------------|--------------------------------------|
|   |   |                  | <input type="checkbox"/> Nonpartisan |
|   |   |                  | <input type="checkbox"/> Nonpartisan |

**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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| <b>RECALL JOSEPH BARRAGAN</b>   | <b>ALVORD UNIFIED SCHOOL DISTRICT TRUSTEE AREA 2</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/> |