

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____	____/____/____

Date of termination  
06/30/21

Date Stamp

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CAMPAIGN FINANCE

CALIFORNIA FORM **410**

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<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number (if applicable) <u>140795</u>		NAME OF TREASURER <u>Carlos Avalos</u>	
NAME OF COMMITTEE <u>CARLOS A AVALOS 4 Downey schools</u>		STREET ADDRESS (NO P.O. BOX) <u>Downey</u>	
STREET ADDRESS (NO P.O. BOX)		CITY <u>Downey</u>	
CITY <u>Downey</u>		STATE <u>CA</u>	
STATE <u>CA</u>		ZIP CODE <u>90241</u>	
ZIP CODE <u>90241</u>		AREA CODE/PHONE <u>525777328</u>	
AREA CODE/PHONE <u>525777328</u>		EMAIL ADDRESS OF TREASURER (REQUIRED) <u>Cavalos43@gmail.com</u>	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <u>Cavalos43@gmail.com</u>		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE <u>Los Angeles</u>		CITY	
JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Los Angeles</u>		STATE	
Attach additional information on appropriately labeled continuation sheets.		ZIP CODE	
		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	
		NAME OF PRINCIPAL OFFICER(S)	
		STREET ADDRESS (NO P.O. BOX)	
		CITY	
		STATE	
		ZIP CODE	
		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 2/18/25 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/18/25 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME		I.D. NUMBER	
<p>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</p>			
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS		AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE

**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		
CARLOS AVALOS	Dawney USD Governing Board Trustee Area 3	2020	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(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