

Statement of Organization Recipient Committee

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Statement Type

Initial Amendment Termination - See Part 5
Not yet qualified or Date qualification threshold met
Date qualification threshold met
Date of termination

Date Stamp
DIGITALLY RECEIVED AND FILED
In the office of the California Secretary of State
NOV 14 2024

CALIFORNIA FORM 410
For Official Use Only
R / RLM

1. Committee Information
I.D. Number (if applicable)
NAME OF COMMITTEE: Hector Delgado for City Council 2026
STREET ADDRESS (NO P.O. BOX)
CITY: Covina STATE: CA ZIP CODE: 91722
FULL MAILING ADDRESS (IF DIFFERENT): N/A
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
COUNTY OF DOMICILE: Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER: Yolanda Miranda
STREET ADDRESS (NO P.O. BOX): Covina STATE: CA ZIP CODE: 91722
EMAIL ADDRESS OF TREASURER (REQUIRED)
NAME OF ASSISTANT TREASURER, IF ANY: Claudia Gonzalez-Miranda
STREET ADDRESS (NO P.O. BOX): Covina STATE: CA ZIP CODE: 91722
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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 11/13/2024 By YOLANDA MIRANDA SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 11/13/2024 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 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

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Recipient Committee**

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COMMITTEE NAME Hector Delgado for City Council 2026	I.D. NUMBER
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• **All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

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		(list political party below)
Hector Delgado	City Council Member City of Covina District 1	2026	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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COMMITTEE NAME
Hector Delgado for City Council 2026

I.D. NUMBER

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.