

Statement Recipient Committee

CALIFORNIA FORM 410

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

MAR 04 2022

Termination - See Part 5

Date of termination

Amendment

Date qualification threshold met

02 / 28 / 22

Initial
 Not yet qualified
 Date qualification threshold met

2. Treasurer and Other Principal Officers

1. Committee Information

| | | | |
|--|--|-------------------------------------|-----------------|
| NAME OF COMMITTEE | | NAME OF TREASURER | |
| Committee to Elect Andrew Arevalo for IID Director Division 1 2022 | | Andrew S. Gonzales-Arevalo | |
| I.D. Number 1444771 | | STREET ADDRESS (NO P.O. BOX) | |
| | | 1916 Vine Street | |
| STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE |
| 1916 Vine Street | El Centro | CA | 92243 |
| | | | AREA CODE/PHONE |
| | | | 760-960-1304 |
| FULL MAILING ADDRESS (IF DIFFERENT) | | NAME OF ASSISTANT TREASURER, IF ANY | |
| | | | |
| E-MAIL ADDRESS (REQUIRED) // FAX (OPTIONAL) | | STREET ADDRESS (NO P.O. BOX) | |
| arevaloandrew13@yahoo.com | | | |
| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE | CITY | STATE |
| Imperial | | | CA |
| | | ZIP CODE | AREA CODE/PHONE |
| | | 92243 | 760-960-1304 |

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 foregoing is true and correct.

Executed on 2-28-22 By Andrew S. Arevalo SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2-28-22 By Andrew S. Arevalo SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

COMMITTEE NAME

Committee to Elect Andrew Arevalo for IID Director Division 1 2022

I.D. NUMBER

1444771

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

NAME OF FINANCIAL INSTITUTION

Mechanics Bank

AREA CODE/PHONE

7603377019

BANK ACCOUNT NUMBER

3505327945

ADDRESS

1448 West Main Street

CITY

El Centro

STATE

CA

ZIP CODE

92243

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

Andrew Arevalo

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Imperial Irrigation District Division 1 Director

YEAR OF ELECTION

2022

PARTY CHECK ONE

| 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) |
|--|--|------------------|---|---------------------------------------|
| Andrew Arevalo | Imperial Irrigation District Division 1 Director | 2022 | Nonpartisan <input checked="" type="checkbox"/> | Partisan (list political party below) |
| | | | Nonpartisan <input type="checkbox"/> | 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)

| 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 |