

**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: 03 / 26 / 2022
 Date of termination: _____

CALIFORNIA FORM 410

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APR 04 2022

APR 20 2022

1. Committee Information I.D. Number 1445344

NAME OF COMMITTEE: **COMMITTEE TO ELECT RICARDO AVILA COUNTY ASSESSOR, 2022**

NAME OF TREASURER: **Ricardo Avila**

STREET ADDRESS (NO P.O. BOX): **713 South "E" St. Imperial**

CITY: **Imperial** STATE: **CA** ZIP CODE: **92251** AREA CODE/PHONE: **(760)791-1021**

FULL MAILING ADDRESS (IF DIFFERENT): _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): **odracer0072@icloud.com**

COUNTY OF DOMICILE: **IMPERIAL** JURISDICTION WHERE COMMITTEE IS ACTIVE: _____

STREET ADDRESS (NO P.O. BOX): **713 South "E" St. Imperial**

CITY: **Imperial** STATE: **CA** ZIP CODE: **92251** AREA CODE/PHONE: **(760)791-1021**

2. Treasurer and Other Principal Officers

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 3/26/2022 By [Signature]
 Executed on 3/26/2022 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
COMMITTEE TO ELECT RICARDO AVILA COUNTY ASSESSOR, 2022

I.D. NUMBER
1445344

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

NAME OF FINANCIAL INSTITUTION
First Imperial Credit Union

AREA CODE/PHONE
(760)352-1540

BANK ACCOUNT NUMBER
17292097

ADDRESS
1602 W. Main

CITY
El Centro

STATE
CA

ZIP CODE
92244

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)
			Nonpartisan	Partisan	
Ricardo Avila	COUNTY ASSESSOR	2022		<input checked="" type="checkbox"/>	DEMOCRAT
			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.	CHECK ONE	
	SUPPORT	OPPOSE

COMMITTEE NAME

COMMITTEE TO ELECT RICARDO AVILA COUNTY ASSESSOR, 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, orponent certifies 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.