

Rejected: IM / 3-14-2022

14465760

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 3/11/2022

Amendment
 Date qualification threshold met
 1/1/2022

Termination - See Part 5
 Date of termination
 1/1/2022

CALIFORNIA 410 FORM
 For Official Use Only
 APR 20 2022
 MAR 10 2022

1. Committee Information (if applicable)
 I.D. Number
 NAME OF COMMITTEE
 Committee to Elect Don Campbell
 Imperial Irrigation District Director Division #3 - 2022

NAME OF TREASURER
 Bertha M. Campbell
 STREET ADDRESS (NO P.O. BOX)
 857 Eucalyptus Ave
 CITY
 Brawley
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY
 STATE
 Ca
 ZIP CODE
 92227
 AREA CODE/PHONE
 760-427-7938

STREET ADDRESS (NO P.O. BOX)
 857 Eucalyptus Ave.
 CITY
 Brawley
 STATE
 Ca
 ZIP CODE
 92227
 AREA CODE/PHONE
 760-791-3369

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 dccampbell1954@yahoo.com

COUNTY OF DOMICILE
 Imperial
 JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
 In the office of the Secretary of State of the State of California
 MAR 25 2022

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 3/1/22 By Bertha M. Campbell
 Executed on 3/4/22 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Committee to Elect Don Campbell Imperial Irrigation District Director Division #3 2022

- 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
11676490

ADDRESS
1602 West Main Street

CITY
Imperial

STATE
Ca

ZIP CODE
92227

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	Nonpartisan	Partisan	(list political party below)
Don Campbell	Director Div #3 IID	2022		<input checked="" type="checkbox"/>	D
			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