

Rejected: SP-11-2022
 Returned: _____

**Statement of Organization
 Recipient Committee**

Statement Type
 Initial
 Not yet qualified
 Date qualification threshold met
 or
 Date qualification threshold met
 01 / 19 / 2022

Amendment
 Date qualification threshold met
 _____ / _____ / _____

Termination - See Part 5
 Date of termination
 _____ / _____ / _____

**CALIFORNIA 410
 FORM**
 For Official Use Only
RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California

JAN 24 2022
MAR 18 2022
 RECEIVED AND FILED

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE
**COMMITTEE TO REELECT CARDENAS
 FOR IMPERIAL IRRIGATION DISTRICT 2022-DIVISION 1**

NAME OF TREASURER
KARINA B ALVAREZ
 STREET ADDRESS (NO P.O. BOX)
450 W MAIN STREET
 CITY
EL CENTRO STATE
CA ZIP CODE
92243 AREA CODE/PHONE
760-352-7760
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY
 STATE
 ZIP CODE
 AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
K_ALVAREZ@YAHOO.COM FAX 760-352-7640

NAME OF PRINCIPAL OFFICER(S)
CHARLES FISHER
 STREET ADDRESS (NO P.O. BOX)
734 DESERT GARDEN DRIVE
 CITY
EL CENTRO STATE
CA ZIP CODE
92243 AREA CODE/PHONE

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 1/19/2022 By [Signature]
 Executed on 1/19/2022 By [Signature]
 Executed on _____ By _____
 Executed on _____ By _____

2. Treasurer and Other Principal Officers

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Committee to Reelect Cardenas for Imperial Irrigation District 2022 - Division 1

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

NAME OF FINANCIAL INSTITUTION

Mechanics Bank NA

AREA CODE/PHONE

760-337-3213

BANK ACCOUNT NUMBER

350 5322325

ADDRESS

1448 W Main Street 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
<i>Alex Cardenas</i>	<i>Director</i>	<i>2022</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

COMMITTEE TO REELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2022-DIVISION 1

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.