

**Statement of Organization  
Recipient Committee**

1438887

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In the Office of the Secretary of State  
of the State of California  
MAY 13 2021

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APR 26 2021

**CALIFORNIA 410 FORM**  
For Official Use Only  
MAY 25 2021

Statement Type

Initial  
 Not yet qualified  
or  
 Date qualification threshold met

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination

By \_\_\_\_\_

By *ELK*

**1. Committee Information** I.D. Number *EL13* (if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE <b>COMMITTEE TO RE-ELECT RAYMOND R. CASTILLO IMPERIAL COUNTY SUPERVISOR DIST 5. ELECTION YEAR 2022</b>		NAME OF TREASURER <b>LOUISA SALDANA</b>	
STREET ADDRESS (NO P.O. BOX) <b>678 OLIVE AVE</b>	CITY <b>HOLTVILLE</b>	STREET ADDRESS (NO P.O. BOX) <b>1335 RIVERVIEW AVE</b>	CITY <b>EL CENTRO</b>
STATE <b>CA</b>	ZIP CODE <b>92250</b>	STATE <b>CA</b>	ZIP CODE <b>92243</b>
AREA CODE/PHONE <b>760-222-5049</b>	NAME OF ASSISTANT TREASURER, IF ANY <b>RAYMOND CASTILLO</b>	STREET ADDRESS (NO P.O. BOX) <b>678 OLIVE AVE</b>	CITY <b>HOLTVILLE</b>
STATE <b>CA</b>	ZIP CODE <b>92250</b>	STATE <b>CA</b>	ZIP CODE <b>92250</b>
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ZIP CODE <b>92243</b>	AREA CODE/PHONE <b>760-909-0157</b>	STATE <b>CA</b>	ZIP CODE <b>92243</b>
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**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 4/23/2021 BY *Shoua Saldana* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/23/2021 BY *Raymond Castillo* SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Committee To Elect Raymond R. Castillo Imperial County Supervisor Dist 5 2022

I.D. NUMBER

170095-90

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
First Imperial Credit Union	760-352-1546	17009590
ADDRESS	CITY	STATE
1602 West Main St	El Centro	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)
Raymond R. Castillo	County Supervisor Dist 5	2022	Nonpartisan <input checked="" 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)	CHECK ONE
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		SUPPORT OPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee To Elect Raymond R. Castilla Imperial County Supervisor Dist 5

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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

Committee To Support Election Efforts of Supervisorial Candidate Raymond R. Castilla

#### 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 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.