

**Statement of Organization Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 Date qualification threshold met or  
 Date qualification threshold met

Amendment

Termination ~ See Part 5

Date of termination



**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information** (if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE <b>Ramon Castro for Imperial Irrigation District Division 3</b>		NAME OF TREASURER <b>Raymond A Gonzalez</b>	
STREET ADDRESS (NO P.O. BOX) <b>888 Cherry Ct</b>	CITY <b>Brawley</b>	STREET ADDRESS (NO P.O. BOX) <b>828 Sheldie Ave</b>	CITY <b>Brawley</b>
STATE <b>CA</b>	ZIP CODE <b>92227</b>	STATE <b>CA</b>	ZIP CODE <b>92227</b>
AREA CODE/PHONE <b>7609095340</b>	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE <b>7605976900</b>	
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>castroep@outlook.com</b>	NAME OF PRINCIPAL OFFICERS		
COUNTY OF DOMICILE <b>Imperial</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE		

**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 02/14/2022 By Paul A. Gonzalez  
 Executed on 02/14/2022 By Paul A. Gonzalez  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

# State of California Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Ramon Castro for Imperial Irrigation District 3

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

#### 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)
Ramon Castro	Imperial Irrigation District Division 3	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

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)	SUPPORT	OPPOSE
		SUPPORT	OPPOSE