

**Statement of Organization  
Recipient Committee**

R13  
1445519

**Statement Type**

Initial  
 Not yet qualified  
 Date qualification threshold met  
 1 / 28 / 2022

Amendment  
 Date qualification threshold met: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Termination - See Part 5  
 Date of termination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**FEB 10 2022**

**CALIFORNIA 410 FORM**  
 For Official Use Only  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**MAR 01 2022**

Rejected: \_\_\_\_\_  
 Returned: \_\_\_\_\_  
 02/11/2022

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

NAME OF COMMITTEE: **Committee to Elect Gina Dockstader 2022 IID Director Division 3**  
 STREET ADDRESS (NO P.O. BOX): **550 West Main Street**  
 CITY: **Brawley** STATE: **CA** ZIP CODE: **92227** AREA CODE/PHONE: **760 427 2955**  
 FULL MAILING ADDRESS (IF DIFFERENT): **P.O. Box 63 Brawley, CA. 92227**  
 E-MAIL ADDRESS (REQUIRED)/ FAX (OPTIONAL): **robert@desetskyfarms.com**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: **Robert Trimm**  
 STREET ADDRESS (NO P.O. BOX): **456 So. Rio Vista Ave.**  
 CITY: **Brawley** STATE: **CA** ZIP CODE: **92227** AREA CODE/PHONE: **760 427 2955**  
 NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

COUNTY OF DOMICILE: **Imperial** JURISDICTION WHERE COMMITTEE IS ACTIVE: **Imperial County**  
 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 Feb. 3, 2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on Feb 3, 2022 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on Feb 3 2022 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization  
Recipient Committee

Continuation Sheet

2. Candidate  
Gina Dockstader  
1194 East Young Road  
Callipatria, CA. 92233



# State...ent of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME  
Committee to Elect Gina Dockstader 2022 IID Director Division 3

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION  
Community Valley Bank

AREA CODE/PHONE  
760 344 7771

BANK ACCOUNT NUMBER  
0202390586

ADDRESS  
310 Main Street

CITY  
Brawley

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	PARTY CHECK ONE	(list political party below)
Gina Dockstader	IID Director, 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
	SUPPORT
	OPPOSE