

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # 1405181

List I.D. number: # _____

Date qualified as committee: 02 / 27 / 2018

Date qualified as committee (if applicable): _____

RECEIVED
Date Stamp
In the office of the Secretary of State
of the State of California
MAR 28 2022
CALIFORNIA 410
FORM
For Official Use Only
APR 20 2022

1. Committee Information

NAME OF COMMITTEE

CMTE to elect Escobar Imperial County Supervisor Dist 1

STREET ADDRESS (NO P.O. BOX)

1005 HOLDRIDGE ST.

CITY

CALEXICO

STATE

CA 92231

ZIP CODE

AREA CODE/PHONE (760)768-4968

MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JESUS EDUARDO ESCOBAR

STREET ADDRESS (NO P.O. BOX)

1005 HOLDRIDGE ST.

CITY

CALEXICO

STATE

CA 92231

ZIP CODE

AREA CODE/PHONE (760)768-4968

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FAX / E-MAIL ADDRESS
JESCOBAR@RECHB.COM

COUNTY OF DOMICILE
IMPERIAL

JURISDICTION WHERE COMMITTEE IS ACTIVE
CALEXICO

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 03/23/2022

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/23/2022

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

COMMITTEE NAME
CMTE to elect Escobar Imperial County Supervisor Dist 1

I.D. NUMBER
1405181

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

| | | |
|---|---|--|
| NAME OF FINANCIAL INSTITUTION WELLS FARGO, NA | AREA CODE/PHONE (760)353-2080 | BANK ACCOUNT NUMBER 3855897306 |
| ADDRESS 1200 MAIN ST. | CITY 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."
- 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 |
|--|---|------------------|---|
| Jesus Eduardo Escobar | Imperial County Supervisor District 1 | 2022 | <input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> Nonpartisan |

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) | 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

COMMITTEE NAME

CMTTE to elect Escobar Imperial County Supervisor Dist 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

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.