

**Statement of Organization Recipient Committee**

*K 13 1446045*

Statement Type:  Initial  Amendment  Termination - See Part 5

Not yet qualified or  Date qualification threshold met

Date qualification threshold met: 3 / 23 / 22

Date of termination: 1 / 1 / 1

Date Stamp: **MAR 20 2022**

**RECEIVED AND FILED** in the office of the Secretary of State of California

**CALIFORNIA FORM 410**

For Official Use Only: **APR 20 2022**

*Z/GS*

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

NAME OF COMMITTEE: **Committee to Elect Karin Eugenio, IID Director, Division 5-2022**

STREET ADDRESS (NO P.O. BOX) <b>314 Lariat Lane</b>	CITY <b>Imperial</b>	STATE <b>CA</b>	ZIP CODE <b>92251</b>	AREA CODE/PHONE <b>6198941681</b>	NAME OF TREASURER <b>Karin Eugenio</b>	STREET ADDRESS (NO P.O. BOX) <b>314 Lariat Lane</b>	CITY <b>Imperial</b>	STATE <b>CA</b>	ZIP CODE <b>92251</b>	AREA CODE/PHONE <b>619-894-1681</b>
FULL MAILING ADDRESS (IF DIFFERENT)					NAME OF ASSISTANT TREASURER, IF ANY					

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>info@karineugenioid.com</b>	JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Imperial County</b>	NAME OF PRINCIPAL OFFICER(S)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE <b>Imperial</b>		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 3/23/22 By *Karin Eugenio* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/23/22 By *[Signature]* 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  
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I.D. NUMBER  
pending

COMMITTEE NAME

Committee to Elect Karin Eugenio, **ITD Director, Division 5 - 2022**

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Mechanics Bank	760-337-3200	3505329710
ADDRESS	CITY	STATE
1448 Main Street	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)
Karin Eugenio	Director, Imperial Irrigation District, Div. 5	2022	Nonpartisan <input checked="" type="checkbox"/>	NPP
			Partisan <input type="checkbox"/>	(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
		SUPPORT
		OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

**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

Candidate for Director, Imperial Irrigation District, Division 5

**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**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Data qualified

**5. Termination Requirements** By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or ponent 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.