

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 Date qualification threshold met

Amendment

- Amendment
 Termination - See Part 5

Date qualification threshold met 3/3/22

Date of termination _____

**CALIFORNIA 410
FORM**

For Official Use Only

Date Stamp

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

MAR 07 2022

MAR 13 2022

1. Committee Information

NAME OF COMMITTEE

Re-Elect Judge Jeffrey Jones Superior Court Office #2, 2022

I.D. Number 1445127

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Robert M. Trimm

STREET ADDRESS (NO P.O. BOX)

456 South Rio Vista

STREET ADDRESS (NO P.O. BOX)

1211 La Valencia Drive

CITY

Brawley

STATE

CA

ZIP CODE

92227

AREA CODE/PHONE

(760) 344-4618

FULL MAILING ADDRESS (IF DIFFERENT)

P.O. Box 781, Brawley CA 92227

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

rbjones1997@outlook.com

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

County of Imperial, State of California

NAME OF PRINCIPAL OFFICER(S)

Robert M. Trimm

STREET ADDRESS (NO P.O. BOX)

456 South Rio Vista

CITY

Brawley

STATE

CA

ZIP CODE

92227

AREA CODE/PHONE

(760) 427-2955

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 _____ BY _____

3-3-22 DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ BY _____

3-3-22 DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ BY _____

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ BY _____

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

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COMMITTEE NAME
Re-Elect Judge Jeffrey Jones Superior Court Office #2, 2022

I.D. NUMBER
1445127

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

NAME OF FINANCIAL INSTITUTION
Mechanic's Bank

AREA CODE/PHONE
(760) 351-5000

BANK ACCOUNT NUMBER
350 533 0090

ADDRESS
190 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)
			Nonpartisan	Partisan	
Hon. Jeffrey B. Jones	Superior Court Office # 2, County of Imperial	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Nonpartisan	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

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COMMITTEE NAME

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I.D. NUMBER

1445727

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

AREA CODE/PHONE

Small Contributor Committee

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.