

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 Date qualification threshold met

Amendment

Date qualification threshold met: 02 / 26 / 22

Termination - See Part 5

Date of termination: / /

**CALIFORNIA 410
FORM**

For Official Use Only

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

MAR 07 2022

2. Treasurer and Other Principal Officers

1. Committee Information I.D. Number 1444200

NAME OF COMMITTEE Committee to Elect Kevin Merizalde Kelly Superior Court Judge #2 2022		NAME OF TREASURER Kevin Kelly	
STREET ADDRESS (NO P.O. BOX) 2669 Hamilton Avenue		STREET ADDRESS (NO P.O. BOX) 2669 Hamilton Avenue	
CITY El Centro	STATE CA	ZIP CODE 92243	AREA CODE/PHONE (310)709-5935
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ktkelly@me.com		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE Imperial	JURISDICTION WHERE COMMITTEE IS ACTIVE County of Imperial	CITY	STATE CA
Attach additional information on appropriately labeled continuation sheets.		ZIP CODE	AREA CODE/PHONE
3. Verification		CITY	STATE
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.		ZIP CODE	AREA CODE/PHONE

Executed on 02/26/2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 02/26/2022 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
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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Recipient Committee**

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I.D. NUMBER
1444200

COMMITTEE NAME
Committee to Elect Kevin Merizalde Kelly Superior Court Judge #2 2022

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

NAME OF FINANCIAL INSTITUTION

Well Fargo Bank, N.A.

AREA CODE/PHONE

(760) 353-2080

BANK ACCOUNT NUMBER

3678928692

ADDRESS

1200 W. Main Street

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." 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	Nonpartisan	Partisan	PARTY CHECK ONE
Kevin Merizalde Kelly	Superior Court Judge #2	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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I.D. NUMBER
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COMMITTEE NAME

Committee to Elect Kevin Merizalde Kelly Superior Court Judge #2 2022

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

_____ / _____ / _____
Date qualified

5. Termination Requirements

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