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Statement of Organization Recipient Committee Statement Type

CALIFORNIA FORM 410

For Official Use Only

RECEIVED JUN 01 2021 JUL 25 2021

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

Termination - See Part 5 Date of termination

Amendment Date qualification threshold met 05, 25, 2021

Initial Not yet qualified Or Date qualification threshold met

2. Treasurer and Other Principal Officers

NAME OF TREASURER Jesus J. Terrazas STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr. CITY El Centro CA 92243 AREA CODE/PHONE 7606043863

1. Committee Information I.D. Number 1436167

NAME OF COMMITTEE Committee to Elect Fred Miramontes Imperial County Sheriff - 2022 STREET ADDRESS (NO P.O. BOX) 3989 John Vickers Ct. CITY El Centro CA 92243 AREA CODE/PHONE 760455-7049

FULL MAILING ADDRESS (IF DIFFERENT) 1598 w. Main St P.O. Box 4358 El Centro CA E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Lpoa.miramontes@gmail.com

COUNTY OF DOMICILE Imperial JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial County

NAME OF PRINCIPAL OFFICER(S) Federico Sanchez Miramontes STREET ADDRESS (NO P.O. BOX) 3989 John Vickers Ct. CITY El Centro CA 92243 AREA CODE/PHONE 760455-7049

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 5-25-21 By Fred W. [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on 5-25-21 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent Executed on [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent Executed on [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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COMMITTEE NAME *Committee to Elect Fred Miramontes Imperial County Sheriff - 2022*

I.D. NUMBER  
*1436167*

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

NAME OF FINANCIAL INSTITUTION <i>Sun Community Federal Credit Union</i>	AREA CODE/PHONE <i>760 337-4200</i>	BANK ACCOUNT NUMBER <i>9044686025</i>
ADDRESS <i>PO Box 4210</i>	CITY <i>El Centro</i>	STATE <i>CA.</i>
		ZIP CODE <i>92244</i>

**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 (list political party below)
<i>Fred Miramontes</i>	<i>Imperial County Sheriff</i>	<i>2022</i>	<input checked="" type="checkbox"/>		
			<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

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COMMITTEE NAME

*Committee to Elect Fred Miramontes  
Imperial County Sheriff - 2022*

I.D. NUMBER

*1436167*

## 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.