

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

- Amendment
 Termination - See Part 5

Date qualification threshold met _____

Date of termination _____

Date Stamp



**CALIFORNIA 410
FORM**

For Official Use Only

1. Committee Information NAME OF COMMITTEE Committee to Elect Jacob Rodriguez Imperial County Clerk-Recorder 2022 I.D. Number (if applicable)		2. Treasurer and Other Principal Officers NAME OF TREASURER Jacob Nicholas Rodriguez STREET ADDRESS (NO P.O. BOX) 866 Danenberg Dr CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 442-236-0443 NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE	
STREET ADDRESS (NO P.O. BOX) 866 Danenberg Dr CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 442-236-0443	FULL MAILING ADDRESS (IF DIFFERENT)	E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jacobnrodz@gmail.com	COUNTY OF DOMICILE Imperial
JURISDICTION WHERE COMMITTEE IS ACTIVE County of Imperial			
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 2/24/2022 By Jacob Nicholas Rodriguez
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 2/24/2022 By Jacob Nicholas Rodriguez
 DATE SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPOSER
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Elect Jacob Rodriguez Imperial County Clerk-Recorder 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
ADDRESS
CITY
STATE
ZIP CODE

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)
Jacob Nicholas Rodriguez	Imperial County Clerk-Recorder	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Jacob Rodriguez Imperial County Clerk-Recorder 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

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, 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.