

Statement of Organization Recipient Committee

L 13 1446019

Statement Type

- Initial
 Not yet qualified
 Date qualification threshold met
 Amendment
 Termination - See Part 5

RECEIVED
 in the office of the Secretary of State of the State of California
 MAR 01 2022
 MAR 28 2022

CALIFORNIA FORM 410
 RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 MAR 11 2022
12/15

Rejected: _____
 Returned: *03-13-2022*

1. Committee Information *(if applicable)*

NAME OF COMMITTEE

Committee to Reelect Norma Sierra Galindo IID Director Division 5-- 2 0 2 2

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Humberto Garza

STREET ADDRESS (NO P.O. BOX)

132 South 5th Street

CITY

El Centro

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Gustavo R Galindo

STREET ADDRESS (NO P.O. BOX)

1457 East Alamo Road

CITY

Holtville

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 2-25-22 By _____
 Executed on 02/25/22 By _____
 Executed on _____ By _____
 Executed on _____ By _____

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Reelect Norma Sierra Galindo IID Director Division 5-2022

ID NUMBER

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

NAME OF FINANCIAL INSTITUTION First Imperial Credit Union	AREA CODE/PHONE 760.352.1540	BANK ACCOUNT NUMBER
ADDRESS 1602 West 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	PARTY CHECK ONE		(list political party below)
Norma Sierra Galindo	Imperial Irrigation District Division 5	2022	Nonpartisan	Partisan	(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)

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
				SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Reelect Norma Sierra Galindo IID Director Division 5-2022

Page 3
I.D. NUMBER

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, 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.