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 In the office of the Secretary of State  
 of the State of California

APR 13 2022

Statement of Organization  
 Recipient Committee  
 Statement Type  
 Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment  
 Date qualification threshold met

Termination - See Part 5  
 Date of termination

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 MAR 28 2022

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Rejected: \_\_\_\_\_  
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CALIFORNIA  
 FORM  
 410

**1. Committee Information** (If applicable) **I.D. Number** Pending

NAME OF COMMITTEE: **Hilton W. Smith for Imperial County Sheriff 2022**

STREET ADDRESS (NO P.O. BOX): **320 Sunset Drive**  
 CITY: **Imperial** STATE: **CA** ZIP CODE: **92251** AREA CODE/PHONE: **7609962012**

FULL MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): **smitty.campaign@gmail.com**

COUNTRY OF DOMICILE: **Imperial County** JURISDICTION WHERE COMMITTEE IS ACTIVE: **Imperial County**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: **Denise Campbell**  
 STREET ADDRESS (NO P.O. BOX): **252 E. Holt Ave**  
 CITY: **El Centro** STATE: **CA** ZIP CODE: **92243** AREA CODE/PHONE: **7609961503**

NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S): \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

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 12-17-21 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 12-17-21 BY [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ BY \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Hilton W. Smith for Imperial County Sheriff 2022

I.D. NUMBER  
Pending

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 7603521540	BANK ACCOUNT NUMBER
ADDRESS 1602 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)
Hilton West Smith	Imperial County Sheriff	2022	Nonpartisan <input checked="" type="checkbox"/>	Democrat (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