

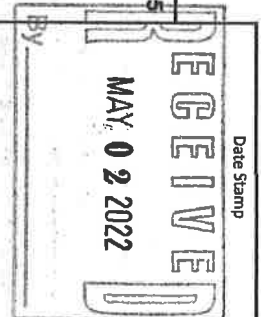
Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 04 / 08 / 22

Amendment
 Date qualification threshold met

Termination -- See Part 5
 Date of termination



CALIFORNIA
 FORM
410
 For Official Use Only

1. Committee Information I.D. Number 1417428

NAME OF COMMITTEE: Committee to Elect Carlos Zaragoza for I C Supervisor Division 5 2022

STREET ADDRESS (NO P.O. BOX): 1809 Orchard Rd
 CITY: HOLVILLE STATE: CA ZIP CODE: 92250 AREA CODE/PHONE: 760.890.8120

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): carloszaragoza@live.com
 COUNTY OF DOMICILE: Imperial JURISDICTION WHERE COMMITTEE IS ACTIVE: Imperial County

NAME OF TREASURER: Carlos Zaragoza
 STREET ADDRESS (NO P.O. BOX): 1809 Orchard Rd
 CITY: HOLVILLE STATE: CA ZIP CODE: 92250 AREA CODE/PHONE: 760.890.8120

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:

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 5/1/2022 BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 5/1/2022 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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER
1417428

COMMITTEE NAME
Committee to Elect Carlos Zaragoza for I C Supervisor Division 5 2022

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

NAME OF FINANCIAL INSTITUTION Mechanics Bank	AREA CODE/PHONE 760.344.8242	BANK ACCOUNT NUMBER 3505344695
ADDRESS 190 Main St	CITY Brawley	STATE CA
		ZIP CODE 92227

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)
			Nonpartisan	
			Partisan	
			Nonpartisan	(list political party below)
			Partisan	

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
		SUPPORT
		OPPOSE