Statement of C Recipient Con				Date Stamp	CALIFORNIA 410
Statement Type	☑ Initial	☐ Amendment ☐	Termination – See Part 5	DEGENVE	For Official Use Only
	Not yet qualified or Date qualification thresho	Id met Date qualification threshold met	Date of termination	OCT 10 2023	
1. Committe	e Information I.D. N	umber	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE Committee to E	llect Cardenas-Singh Board		NAME OF TREASURER Maria Enriquez-Cal	dera	
			STREET ADDRESS (NO PO. BOX) 741 Tumbleweed La	ine	
street address ind po			El Centro	state CA	zip code area code/phone 92243 760-234-5463
El Centro	state CA	zip code AREA CODE/PHONE 92243 760-540-9687	NAME OF ASSISTANT TREASURE	ER, IF ANY	
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQU	IIRED) / FAX (OPTIONAL)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	CITY	STATE	ZIP CODE AREA CODE/PHONE
county of domicite Imperial	JURISDICTION V	VHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICERIS	5)	
Importai			STREET ADDRESS (NO P.O. BOX)		
Attach addition	nal information on appropri	ately labeled continuation sheets.	CITY	STATE	Z:P CODE AREA CODE/PHONE
3. Verificati			700		en e
I have used all penalty of perj	reasonable diligence in pre ury under the laws of the S	paring this statement and to the best of tate of California that the foregoing is tr	my knowledge the inform ue and correct.	nation contained herein is true	and complete. I certify under
Executed on	10/10/2073 By DATE BY	UNIONANO GARDINODO	DRE OF TREASURER OR ASSISTANT TREAS LINGUE OF TREASURER OR ASSISTANT TREAS LINGUE OF TREASURER OR STATE OF THE TREASURER OR STATE OF THE TREASURER OR STATE OF THE TREASURER OR ASSISTANT TREASURER OF THE TREASURER OR ASSISTANT TREASURER OR ASSIST		
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Executed on	DATE By	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STA	NTE MEASURE PROPONENT	

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE							ORNIA 4	10
COMMITTEE NAME						Page 2		
Committee to Elect Cardenas-Singh Board of Supervisor -2						I.D. NUMBER		
All committees must list the financial institution where the c	ampaign bar	nk account is locate	i.					
NAME OF FINANCIAL INSTITUTION	AREA CO	DDF/PHONE	BANK ACCOL	JNT NUMBER				
Wells Fargo Bank	760-3	353-2080	3375959	578				
ADDRESS	CITY		STATE	ZI	P CODE			
1200 W Main Street	El Ce	ntro	CA	Ş	92243	6		
4. Type of Committee Complete the applicable sections								
Controlled Committee			 					
 List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number 				controlled	,			
 List the political party with which each officeholder or candida 	ate is affiliate	d or check "nonpart	isan." Stating "No pa	arty prefere	ence" is accep	ptable		
If this committee acts Jointly with another controlled committee	ee, list the na	ame and Identificati	on number of the oth	ner control	ed committe	ee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUG		YEAR OF ELECTION	PAR CHECK			
Martha Cardenas-Singh	Imperial	County Supervisor	District 2	2024	Nonpartisan	Partisan	(list political par	ty below)
				1	Nonpartisan	Partisan	Democrat (list political par	rty helow)
					TTOTIPOTE SUTT	Tarasan	(iise pointed) put	., 55.511
Primarily Formed Committee Primarily formed to support or		ific condidatos or pe	ongunos in a single al	oetina lia	h la alaun			
			_					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAMI			TE(S) OFFICE SOUGHT OR H CLUDE DISTRICT NO., CITY			ION	CHECK	ONE
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Statement of C Récipient Con	_				Date Stamp	VEN		ORNIA 410
Statement Type	Initial Not yet qualified or O Date qualification	threshold met Date qual	ification threshold met	Termination – See Part 5 Date of termination	OCT 232			For Official Use Only
NAME OF COMMITTEE		.D. Number (If applicable) Board of Supervisor -	2 -2024	2. Treasurer and NAME OF TREASURER Maria Enriquez-Can STREET ADDRESS IND P.O. BOX 741 Tumbleweed I	x)	Officers		
STREET ADDRESS (NO P. 1767 South 21s CITY El Centro FULL MAILING ADDRESS	t Street	TATE ZIP CODE CA 92243	AREA CODE/PHONE 760-540-9687	El Centro NAME OF ASSISTANT TREASU STREET ADDRESS INO P.O. BO		STATE CA	21P CODE 92243	AREA CODE/PHONE 760-234-5463
E-MAIL ADDRESS (REQU electsupervisor county of domiche Imperial		DICTION WHERE COMMITTEE IS A	CTIVE	NAME OF PRINCIPAL OFFICER STREET ADDRESS (NO P.O. BC		STATE	ZIP CODE	AREA CODE/PHONE
Attach addition		opropriately labeled co	ontinuation sheets.	CITY	AA)	STATE	ZIP CODE	AREA CODE/PHONE
I have used all penalty of per	reasonable dillgence	By By By By By By By	SIGNATURE OF CONT	is true and correct. IGNATURE OF TREASURER OR ASSISTANT TRI IROLLING OFFICEHOLDER, CANDIDATE, OR S TROLLING OFFICEHOLDER, CANDIDATE, OR S	TATE MEASURE PROPONENT	rein is true		lete. I certify under

Statement of Organization Recipient Committee							ORNIA 4	10
INSTRUCTIONS ON REVERSE						Page 2		COLUMN TO STATE OF THE STATE OF
Committee to Elect Cardenas-Singh Board of Supervisor - 2 -2024						I,D NUMBER		
All committees must list the financial institution where the can	npaign bai	nk account is located					44.1	
NAME OF FINANCIAL INSTITUTION	AREA CO	ODE/PHUNE	BANK ACCOU	INT NUMBER				
Wells Fargo Bank	760-3	353-2080	3375959	578				
ADDRESS	CITY		STATE	Z	P CODÊ			~
1200 W Main Street	El Ce	entro	CA		92243			
4. Type of Committee Complete the applicable sections.						Mark Const		E PREV
Controlled Committee								
 List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, if 	e measure any, and t	e proponent. If candl the year of the election	date or officeholder on.	controlled	١,			
List the political party with which each officeholder or candidate	is affiliate	ed or check "nonparti	san." Stating "No pa	arty prefere	ence" is acce	ptable		
If this committee acts jointly with another controlled committee								
NAME OF CANDIDATE/OFFICE HOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGI		YEAR OF ELECTION	PA R CHECK			
Martha Cardenas-Singh	Imperial	l County Supervisor I	District 2	2024	Nonpartisan	Partisan	(list political par	ty below)
	<u> </u>			<u> </u>	Nonpardsan	Partisan	Democrat (list political par	tu bolouñ
					Notipertisal:	railjaaji	(ust bolitical bar	ty below/
Primarily Formed Committee Primarily formed to support or o	opose spec	cific candidates or me	asures in a single el	ection. Lis	t below:	-		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LEI IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	TER)		E(S) OFFICE SOUGHT OR HI LUDE DISTRICT NO., CITY (ION	CHECK	ONE
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Statement of C Recipient Com	_	1463837		Date Stamp		ORNIA 410
Statement Type	Initial Not yet qualified	☐ Amendment	Termination - See Parts	EIVED AND FILED office of the Secretary of State of the State of California		FUEL VETT
		ld met Date qualification threshold me	t Date of termination	OCT 25 2023		NOV 0 9 2023
	e Information I.D. N	umber	2. Treasurer and	Other Principal Officers	l By_	TENO
NAME OF COMMITTEE Committee to E	lect Cardenas-Singh Board	of Supervisor - 2 -2024	Maria Enriquez-Cal	dera		
			5TREET ADDRESS (NO P.O. BOX) 741 Tumbleweed La	ane State	ZIP CODE	AREA CODE/PHONE
1787 South 21st			El Centro	CA	92243	760-234-5463
El Centro	STATE CA	ZIP CODE AREA CODE/PHONE 92243 760-540-968	NAME OF ASSISTANT TREASURI	ER, IF ANY		
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.D. BOX)			
e-mail address (REQU	ired)/fax (optional) 2@gmall.com		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Imperial	y NOITSIDZIRŪL	THERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(
			STREET ADDRESS IND P.O. BOX	NI		
Attach addition	nal information on appropr	ately labeled continuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
3. Verificati	on					
penalty of perj	reasonable diligence in pre ury under the laws of the S 0/21/2023	paring this statement and to the bitate of California that the foregoin	pest of my knowledge the informing is true and correct.	nation contained herein is tru	e and comp	olete. I certify under
Executed on	DATE BY DATE BY DATE	Marsha Sana	man amory	STE MEASURE PROPONENT		
Executed on	DATE BY	SIGNATURE OF CO	ONTROLLING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT		
Executed on	DATE By	SIGNATURE OF C	CONTROLLING OFFICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PROPONENT		

FPPC Form 410 (August/2018)
FPPC Advice: <u>advice@fppc.ca.gov</u> (866/275-3772)

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE							ORNIA 4 RM 4	10
COMMITTEE NAME Committee to Elect Cardenas-Singh Board of Supervisor - 2 -2024		- I				I.D. NUMBER		
All committees must list the financial institution where the can	npaign bar	nk account is located.				1		
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUN	IT NUMBER	-			
Wells Fargo Bank	760-3	353-2080	33759595					
ADDRESS	CITY		STATE	ZI	P CODE			
1200 W Main Street	El Ce	ntro	CA	į	32243			
4. Type of Committee Complete the applicable sections.		had the second of the second of the	有些特色	******			10 VIII WIN	
Controlled Committee								
 List the name of each controlling officeholder, candidate, or stat also list the elective office sought or held, and district number, if 			ficeholder	controlled	l,			
 List the political party with which each officeholder or candidate 	is affiliate	d or check "nonpartisan." Stat	ing "No par	rty prefere	ence" is accep	otable		
If this committee acts jointly with another controlled committee	, list the n	ame and Identification number	of the oth	er control	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD INCLUDE DISTRICT NUMBER IF APPLICAB	LE)	YEAR OF ELECTION	PAR' CHECK			
Martha Cardenas-Singh	Imperial	County Supervisor District 2	2024 Nonp		Nonpartisan	Partisan	(list political par	ty below)
was a same a						1	Democrat	
					Nonpartisan	Partisan	(ilst political par	ty below)
Primarily Formed Committee Primarily formed to support or o	ppose spec	ific candidates or measures in	a single ele	ction. Lis	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET- IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)	CANDIDATE(S) OFFICE S (INCLUDE DISTRI				ION	CHECK	ONE
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Statement of Organization Recipient Committee				Date Stamp DIGITALLY	CALIFORNIA 410
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	RECEIVED AND FILED In the office of the California	For Official Use Only
	O Not yet qualified			Energians of State	MOV o 7 am
	or O Date qualification threshold me	Date qualification threshold met	Date of termination	November 17, 2025	NOV 27 2623 13 COPY 1463837
	O Date qualification threshold me	Date qualification throughout most			113 con(1463837
		/	//		123 COP 9 118353
1. Committee	Information I.D. Number	r	2. Treasurer and O	ther Principal Officers	点是不是是是是国际特别性的
NAME OF COMMITTEE	(i) opposite		NAME OF TREASURER		
Committee	Elect Cardenas-Singh Board	d of Supervisor -2 - 2024	Adriana Murillo - Kirb	·	
Committee to	Elect Cardenas-Singir Doard	1 01 3 upc1 v1301 -2 2024	STREET ADDRESS (NO P.O. BOX		STATE /IP CODE
			2692 Topaz Street	Imperial	CA 92251
			EMAIL ADDRESS OF TREASURE	• • •	AREA CODE/PHONE
STREET ADDRESS (NO P			adriana@kirbybusines:	ssolutions.com	760-693-8179
1767 South 21st.	Street		NAME OF ASSISTANT TREASUR	ER, IF ANY	
CITY	STATE	ZIP CODE AREA CODE/PHONE			
El Centro	CA	92243 760-540-9687	STREET ADDRESS (NO P.O. BOX	city	STATE ZIP CODE
FULL MAILING ADDRES	S (IF DIFFERENT)				
			EMAIL ADDRESS OF ASSISTANT	TTREASURER (REQUIRED)	AREA CODE/PHONE
	MMITTEF (REQUIRED) / FAX (UPTIONAL)				
electsupervisor26			NAME OF PRINCIPAL OFFICER	5)	
COUNTY OF DOMICILE	JURISDICTION WHERI	COMMITTEE IS ACTIVE			
Imperial			STREET ADDRESS (NO P.O. BO)	CITY	STATE ZIP CODE
Attach additional	l information on appropriately la	beled continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	L OFFICER(S) (REQUIRED)	AREA CODE/PHONE
3. Verification				Marin de bassin is trus and	d complete. Leartify under
I have used all re penalty of perjur	asonable diligence in preparing t y under the laws of the State of	his statement and to the best California that the foregoing is	true and correct.	on contained herein is true and	tomplete. Testiny under
Executed on	716/2023 By Docu	SIG	SIANA MUSILLO KISBY MATURE OF TREASURER OR ASSISTANT I REASURE	ER .	
Executed on	16/2023 By 1718	DOM:	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE M	LASURE PROPONENT	
Executed on	DATE By	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	TEASURE PROPONENT	FPPC Form 410 (October/2023

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE						F	FORNIA 4	110
COMMITTEE NAME Committee to Elect Cardenas-Singh Board of Supervisor -2 2024						Page 2	R	
All committees must list the financial institution where the ca	mpaign bai	nk account is located and t	he person(s	authorized	to obtain ba	nk records	5.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECO			AREA CODE/PF			UNI NUMBER		
Wells Fargo Bank			760-353-		337595			
ADDRESS OF FINANCIAL INSTITUTION		CITY			STATE		ZIP CODE	
1200 W. Main Street		El Centro)		CA		92243	
also list the elective office sought or held, and district number, List the political party with which each officeholder or candidat If this committee acts jointly with another controlled committee	e is affiliate	d or check "nonpartisan." !	nber of the o			P.P.		
Martha Cardenas Singh	Imperia	l County Supervisor Distric	:1 2	2024	Nonpartisan	Partisan	(list political pa Democrat	rty below)
					Nonpartsan	Palthaoii	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or c CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME		CANDIDATE(S) OF F	CE SOUGHT OF		RE(S) JURISDICTI	ON	CHECI	
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Statement of Recipient Con			7	Date Stamp	CALIFORNIA 410
Statement Type	☐ Initial	☑ Amendment	☐ Termination – See Part 5	DEC 1 11 2000	For Official Use Only
	O Not yet qualified			DEC 1 3 2023	y.
	O Date qualification threshold met	Date qualification threshold met	Date of terminatión		
1. Committee	nformation I.D. Number		2. Treasurer and C	ther Principal Officers	
NAME OF COMMITTEE			REFUZAERT TO EMAN		
Committee to I	Elect Cardenas-Singh Board	of Supervisor -2 - 2024	Adriana Murillo - Kirb		STATE ZIP CODE
Committee to	Elect Cardenas-Siligh Doard	01 3 a p c 1 v 13 0 1 2 2 0 2 1	STREET ADDRESS (NO P.O. BOX	Impenal	CA 92251
			2692 Topaz Street		
			EMAIL ADDRESS OF TREASURE		area code/phone 760-693-8179
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1767 South 21st, S	and the same of th		NAME OF ASSISTANT TREASUR	IER, IF ANY	×
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El Centro	CA	92243 760-540-9687	STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
=ULL MAIL NG ADDRESS	(IF DIFFERENT)				
			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
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electsupervisor2@			NAME OF PRINCIPAL OFFICERS	5)	
COUNTY OF DOMICILE	JURISDICTION WHERE G	OMMITTEE IS ACTIVE			
Imperial			STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
					AREA CODE/PHONE
Attach additional i	nformation on appropriately labe	led continuation sheets.	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA CULE, PHONE
3. Verification					
I have used all reas penalty of perjury	sonable diligence in preparing thi under the laws of the State of Ca	s statement and to the best o lifornia that the foregoing 5,1	f my knowledge the informatio ਜ਼ੁਦੂ ਗੁਰੂ correct	on contained herein is true and	complete I certify under
Executed on 11/1	6/2023 By	Ada	iana Musilla Kishy TURE OF TREASURER OR ASSISTANT TREASURES		
Executed on	6/2023 3v	ody -	LING OFFICEHOLDER, CANDIDATE, OR STATE WE		_
Executed on	DATE BY		UNG DIFICEHOLDER, CANDIDATE, OR STATE ME		_
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	DATE	TOULDS SO BELLYNDIE	LING OFF CERTICEDER, CANODUALE, OR STALE ME	POSITE , NOTOREST	FPPC Form 410 (October/2023

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