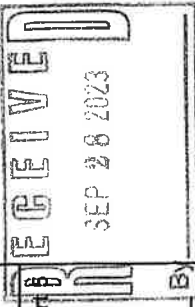


**Statement of Organization
Recipient Committee**

For Official Use Only



Statement Type

Initial
 Not yet qualified
 or
 Amendment

Termination - See Part B

Termination - See Part B

Date of termination: _____

Date qualification threshold met: _____

1. Committee Information (I.D. Number (if applicable))

NAME OF COMMITTEE: Committee to re-elect Javier Gonzalez 411D

STREET ADDRESS (NO P.O. BOX): 237. Hernandez st

CITY: Calexico STATE: Ca ZIP CODE: 92231 AREA CODE/PHONE: 760-222-1878

FULL MAILING ADDRESS (IF DIFFERENT): _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): lvaztec@gmail.com

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

JURISDICTION WHERE COMMITTEE IS ACTIVE: Imperial Irrigation District

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Javier Gonzalez

STREET ADDRESS (NO P.O. BOX): 237. Hernandez st

CITY: Calexico STATE: Ca ZIP CODE: 92231 AREA CODE/PHONE: 760-222-1878

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 9-28-23 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-28-23 By _____
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME
Committee to re-elect Javier Gonzalez 4110

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

NAME OF FINANCIAL INSTITUTION
U.S Bank

AREA CODE/PHONE
442-270-3101

BANK ACCOUNT NUMBER

ADDRESS
576 Main St

CITY
El Centro

STATE
Ca

ZIP CODE
92231

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		(list political party below)
			Nonpartisan	Partisan	
<i>Javier Gonzalez</i>	<i>110 Division 4</i>	<i>2024</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>None</i>
			<input type="checkbox"/>	<input type="checkbox"/>	(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.	CHECK ONE	
	SUPPORT	OPPOSE

13

Statement of Organization Recipient Committee

1463895

Statement Type

Initial

Not yet qualified or

Date qualification threshold met

Amendment

Date of termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California

OCT 27 2023

Date Stamp

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1. Committee Information

NAME OF COMMITTEE

2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Directors, Division 4

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Javier Gonzalez

STREET ADDRESS (NO P.O. BOX)

237 Hernandez street

CITY

Calexico

STATE

CA

ZIP CODE

92231

AREA CODE/PHONE

760-222-1878

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Imperial Irrigation District

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 10-23-2023 By [Signature]

Executed on 10-23-2023 By [Signature]

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified

or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination – See Part 5

Date of termination

Date Stamp

**CALIFORNIA 410
FORM**

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1. Committee Information

I.D. Number

(if applicable)

NAME OF COMMITTEE

2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Directors, Division 4

NAME OF TREASURER

Javier Gonzalez

STREET ADDRESS (NO P.O. BOX)
237 Hernandez street

STREET ADDRESS (NO P.O. BOX)
237 Hernandez street

CITY
Calexico

CITY
Calexico

STATE
CA

STATE
CA

ZIP CODE
92231

ZIP CODE
92231

AREA CODE/PHONE
760-222-1878

AREA CODE/PHONE
760-222-1878

FULL MAILING ADDRESS (IF DIFFERENT)
ivaztec@gmail.com

NAME OF ASSISTANT TREASURER, IF ANY

E-MAIL ADDRESS (REQUIRED) / FAX (IF APPLICABLE)

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE
Imperial

NAME OF PRINCIPAL OFFICER(S)

JURISDICTION WHERE COMMITTEE IS ACTIVE
Imperial Irrigation District

STREET ADDRESS (NO P.O. BOX)

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

AREA CODE/PHONE

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

10-23-2023

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

10-23-2023

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
or
 Data qualification threshold met

Amendment
Date qualification threshold met
10 / 30 / 2023

Termination - See Part 5
Date of termination

RECEIVED AND FILED
Date Stamp
in the office of the Secretary of State
of the State of California
NOV 20 2023

CALIFORNIA 410
FORM
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13

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Javier Gonzalez
STREET ADDRESS (NO P.O. BOX)
237 Hernandez street
CITY
Calexico
STATE
CA
ZIP CODE
92231
AREA CODE/PHONE
760-222-1878
EMAIL ADDRESS OF TREASURER (REQUIRED)
ivaztec@gmail.com
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY
STATE
ZIP CODE
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

1. Committee Information

NAME OF COMMITTEE
2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Director, Division 4
I.D. Number (if applicable)
1463895
STREET ADDRESS (NO P.O. BOX)
237 Hernandez Street
CITY
Calexico
STATE
CA
ZIP CODE
92231
AREA CODE/PHONE
760-222-1878
FULL MAILING ADDRESS (IF DIFFERENT)
same
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
ivaztec@gmail.com
COUNTY OF DOMICILE
Imperial
JURISDICTION WHERE COMMITTEE IS ACTIVE
Division 4
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 11-13-23 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 11-13-23 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Director, Division 4

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

US Bank

ARFA CODE/PHONE

(442) 270-3101

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

576 Main Street

CITY

El Centro

STATE

CA

ZIP CODE

92231

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	
Javier Gonzalez	2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Director.	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

10 / 30 / 23

Termination - See Part 5

Date of termination

_____ / _____ / _____

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

JAN 22 2024

**CALIFORNIA 410
FORM**

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1. Committee Information NAME OF COMMITTEE 2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Directors Division 4 I.D. Number (if applicable) 1163825		2. Treasurer and Other Principal Officers NAME OF TREASURER Javier Gonzalez STREET ADDRESS (NO P.O. BOX) 237 Hernandez street CITY Calexico STATE Ca ZIP CODE 92231 AREA CODE/PHONE 760-222-1878 EMAIL ADDRESS OF TREASURER (REQUIRED) ivaztec@gmail.com NAME OF ASSISTANT TREASURER, IF ANY _____ STREET ADDRESS (NO P.O. BOX) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____ EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) _____ NAME OF PRINCIPAL OFFICER(S) _____ STREET ADDRESS (NO P.O. BOX) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____ EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) _____	
STREET ADDRESS (NO P.O. BOX) 237 Hernandez street CITY Calexico STATE ca ZIP CODE 92231 AREA CODE/PHONE 760-222-1878 FULL MAILING ADDRESS (IF DIFFERENT) _____ E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) ivaztec@gmail.com COUNTY OF DOMICILE Imperial JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial Irrigation District		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 1-17-24 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 DATE
 Executed on 1-17-24 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 DATE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

ID NUMBER
1463895

COMMITTEE NAME
2024 committee to re-elect Javier Gonzalez for Imperial Irrigation District Board of Directors Division 4

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

US Bank

AREA CODE/PHONE
442-270-3101

BANK ACCOUNT NUMBER
158206981389

ADDRESS OF FINANCIAL INSTITUTION
576 Main street

CITY
El Centro

STATE
Ca

ZIP CODE
92242

4. Type of Committee Complete the applicable section(s).

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)
Javier Gonzalez	2024 Imperial Irrigation District Board of Directors Division 4	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			Nonpartisan	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.	CHECK ONE
	SUPPORT
	OPPOSE