

**Statement of Organization
Recipient Committee**

13
1474470

**CALIFORNIA 410
FORM**

**Use Only
of Voters**

SEP 04 2024
Date Stamp

SEP 19 2024
Date of termination

**Imperial
County**

2. Treasurer and Other Principal Officers

1. Committee Information
NAME OF COMMITTEE
**COMMITTEE TO ELECT MARIA PEINADO FOR CENTRAL
UNION HIGH SCHOOL DISTRICT TRUSTEE 2024**

I.D. Number
(if applicable)

1. Amendment
Date qualification threshold met: 08 / 16 / 2024

2. Termination - See Part 1
Date of termination: / /

2. Treasurer and Other Principal Officers

NAME OF TREASURER: MARIA PEINADO
STREET ADDRESS (NO P.O. BOX): 1050 MANUEL ORTIZ AVE
CITY: EL CENTRO
STATE: CA
ZIP CODE: 92243
AREA CODE/PHONE: 760-996-0679

EMAIL ADDRESS OF TREASURER (REQUIRED): PEINADO4CUHSD@ATT.NET

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): _____

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 8/29/2024 BY Maria Peinado
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/29/2024 BY Maria Peinado
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT