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Statement of Organization Recipient Committee

Statement Type

- Initial [checked]
Not yet qualified [checked]
Date qualification threshold met [ ]

Amendment [ ]
Date qualification threshold met

Termination - See Part 5
Date of termination

CALIFORNIA FORM 410
Official Use Only
SEP 10 2024
Imperial County

Date Stamp
DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
AUG 25 2024

1. Committee Information
I.D. Number
NAME OF COMMITTEE
Jacob Rodriguez for Central Union High School District 2024
STREET ADDRESS (NO P.O. BOX)
866 Danenberg Dr
CITY STATE ZIP CODE
El Centro CA 92243
FULL MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
jacobthetreasurer@gmail.com
COUNTY OF DOMICILE
Imperial
2. Treasurer and Other Principal Officers
NAME OF TREASURER
Jacob Rodriguez
STREET ADDRESS (NO P.O. BOX)
866 Danenberg Dr
CITY STATE ZIP CODE
El Centro CA 92243
EMAIL ADDRESS OF TREASURER (REQUIRED)
jacobthetreasurer@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)

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 8/25/2024 By Jacob Rodriguez
Signature of Treasurer or Assistant Treasurer
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
Executed on By Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

# Statement of Organization Recipient Committee

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I.D. NUMBER

COMMITTEE NAME  
Jacob Rodriguez for Central Union High School District 2024

- 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		AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION		CITY	STATE
			ZIP CODE

**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	
Jacob Rodriguez	Central Union High School District Board	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<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	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		CHECK ONE	
	SUPPORT	OPPOSE	SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Jacob Rodriguez for Central Union High School District 2024

## 4. Type of Committee *(Continued)*

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

### Small Contributor Committee

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.