

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met
9 / 9 / 2024

Amendment

Date qualification threshold met
____ / ____ / ____

Termination – See Part 5

Date of termination
____ / ____ / ____

**CALIFORNIA
FORM 410**

For Official Use Only

Date Stamp
**Registrar
of Voters**

SEP 18 2024

Imperial

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Jeff Sturdevant Jr.

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Esperanza Verdugo

STREET ADDRESS (NO P.O. BOX)

2491 Moiola Avenue

CITY

El Centro

STATE

CA

ZIP CODE

92243

STREET ADDRESS (NO P.O. BOX)

2471 Stapleton Avenue

EMAIL ADDRESS OF TREASURER (REQUIRED)

espyverdugo@icloud.com

AREA CODE/PHONE

760-427-3125

NAME OF ASSISTANT TREASURER, IF ANY

N/A

FULL MAILING ADDRESS (IF DIFFERENT)

Imperial

CITY

Imperial

STATE

CA

ZIP CODE

92243

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

jeff4ivc@gmail.com

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Imperial County

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

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 9/18/2024

BY Esperanza Verdugo

Digitally signed by Esperanza Verdugo
Date: 2024.09.18 16:18:48 -0700

Executed on 9/18/2024

BY Jeffrey Charles Sturdevant, Jr.

Digitally signed by Jeffrey Charles Sturdevant, Jr.
Date: 2024.09.18 16:25:06 -0700

Executed on _____

BY _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

BY _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Jeff Sturdevant Jr.

- 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

Community Valley Bank / Jeff Sturdevant Jr. & Esperanza Verdugo

BANK ACCOUNT NUMBER

0201122235

AREA CODE/PHONE

760-352-7777

ADDRESS OF FINANCIAL INSTITUTION

1443 Main Street

CITY

El Centro

STATE

CA

ZIP CODE

92243

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	
Jeffrey Charles Sturdevant, Jr.	Imperial Community College - Trustee Area 3	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			Nonpartisan	Partisan	(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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

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, orponent 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.