

**Statement of Organization  
Recipient Committee**

**Statement Type**

- Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

- Amendment  
 Termination - See Part 5

Date of termination

RECEIVED AND FILED  
 Office of the Secretary of State  
 of the State of California

AUG 29 2024

CALIFORNIA FORM 410

Registration of Voters

SEP 13 2024

**1. Committee Information**

NAME OF COMMITTEE

Deby Ellett for CUHSD Board 2024

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

JOHN M ELLETT

STREET ADDRESS (NO P.O. BOX)

945 AURORA DRIVE

CITY

EL CENTRO

STATE

CA

ZIP CODE

92243

AREA CODE/PHONE

7607912253

NAME OF ASSISTANT TREASURER, IF ANY

NA

STREET ADDRESS (NO P.O. BOX)

NA

CITY

EL CENTRO

STATE

CA

ZIP CODE

92243

AREA CODE/PHONE

debyellett@gmail.com

**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

8/26/2024

BY

John M Ellett

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8/26/2024

BY

Debra Ellett

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

BY

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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I.D. NUMBER

COMMITTEE NAME  
**DEBY ELLETT FOR CUHSD BOARD 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  
**Mechanics Bank**

AREA CODE/PHONE  
**760 337 7019**

BANK ACCOUNT NUMBER  
**350 5636340**

ADDRESS OF FINANCIAL INSTITUTION  
**1148 MAIN ST**

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)
<b>Debra Ellett</b>	<b>Central Union High School District Board</b>	<b>2024</b>	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			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

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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

NA

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

NA

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.