

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

12 / 23 / 2022

DATE STAMP

RECEIVED

JAN 31 2023

By: [Signature]

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information		I.D. Number 1446946 (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE				NAME OF TREASURER	
Committee To Elect Robert Menvielle County Assessor 2022				Robert Menvielle	
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
[Redacted]		[Redacted]		[Redacted]	
ZIP CODE		AREA CODE/PHONE		[Redacted]	
[Redacted]		[Redacted]		[Redacted]	
NAME OF ASSISTANT TREASURER, IF ANY				[Redacted]	
Amanda Rodriguez				[Redacted]	
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
[Redacted]		[Redacted]		[Redacted]	
ZIP CODE		AREA CODE/PHONE		[Redacted]	
[Redacted]		[Redacted]		[Redacted]	
NAME OF PRINCIPAL OFFICER(S)				[Redacted]	
Robert Menvielle				[Redacted]	
STREET ADDRESS (NO P.O. BOX)		CITY		STATE	
[Redacted]		[Redacted]		[Redacted]	
ZIP CODE		AREA CODE/PHONE		[Redacted]	
[Redacted]		[Redacted]		[Redacted]	
JURISDICTION WHERE COMMITTEE IS ACTIVE				[Redacted]	
Imperial County				[Redacted]	
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

1/30/23

By

[Signature]

STATE SECRETARY OF THE STATE TREASURER

Executed on

1/30/23

By

[Signature]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[Signature]

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

[Signature]

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