

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

12/23/22

Date Stamp

RECEIVED AND FILED  
 in the office of the Secretary  
 of the State of California

DEC 30 2022

CALIFORNIA 410  
 FORM

For Official Use Only

JAN 09 2023

**2. Treasurer and Other Principal Officers**

**1. Committee Information**

NAME OF COMMITTEE: Committee to Elect George Marques for District Attorney 2022

I.D. Number (if applicable): 1442435

NAME OF TREASURER: Jesus J. Terrazas

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT): [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY: Patricia Marques

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT): [REDACTED]

NAME OF PRINCIPAL OFFICER(S): George Marques

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

AREA CODE/PHONE: [REDACTED]

JURISDICTION WHERE COMMITTEE IS ACTIVE: Imperial County

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): georgemarquezforDA@gmail.com

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 information is correct.

Executed on 12-24-22 By [REDACTED]

Executed on 12-24-22 By [REDACTED]

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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I.D. NUMBER

1442435

- All committees must list the financial institution where the campaign bank account is located.

COMMITTEE NAME <i>Committee to Elect George Marquez for District Attorney 2022</i>	AREA CODE/PHONE <i>800 225-5935</i>	BANK ACCOUNT NUMBER <i>3512417654</i>
NAME OF FINANCIAL INSTITUTION <i>Wells Fargo Bank</i>	CITY <i>El Centro</i>	STATE <i>CA.</i>
ADDRESS <i>1200 Main St</i>	ZIP CODE <i>92243</i>	

**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	Partisan (list political party below)
<i>George Marquez</i>	<i>Imperial County District Atty</i>	<i>2022</i>	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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COMMITTEE NAME

*Committee to Elect George Marquez For District Attorney - 2022*

I.D. NUMBER

*1442435*

**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 certifies 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.