

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 01 / 18 / 20

Termination - See Part 5
 Date of termination

CALIFORNIA 410 FORM
 For Official Use Only
JAN 09 2026

Date Stamp
RECEIVED AND FILED
 in the Office of the Secretary of State
 of the State of California
DEC 29 2023

1. Committee Information
 (If applicable)

I.D. Number 1422272

Name of Committee
 Committee to Re-Elect JB Hamby IID Director Division 2 2024

Name of Treasurer
 John Brooks Hamby

Street Address (No P.O. Box)
 [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip Code** [REDACTED]

Area Code/Phone [REDACTED]

Full Mailing Address (If Different)
 [REDACTED]

Appropriate Address of Committee (If Applicable)
 info@jbhambyiid.com

County of Domicile
 El Centro, CA

Jurisdiction Where Committee is Active
 El Centro, CA

Street Address (No P.O. Box)
 [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip Code** [REDACTED]

Area Code/Phone
 [REDACTED]

Name of Assistant Treasurer, if Any
 [REDACTED]

Street Address (No P.O. Box)
 [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip Code** [REDACTED]

Area Code/Phone
 [REDACTED]

Email Address of Assistant Treasurer (Required)
 [REDACTED]

Name of Principal Officer(s)
 John Brooks Hamby

Street Address (No P.O. Box)
 [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip Code** [REDACTED]

Area Code/Phone
 [REDACTED]

Email Address of Principal Officer (If Required)
 info@jbhambyiid.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 foregoing is true and correct.

Executed on 12/24/2025 By [REDACTED]

Executed on 12/24/2025 By [REDACTED]

Executed on [REDACTED] By [REDACTED]

Executed on [REDACTED] By [REDACTED]

SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Elect JB Hamby IID Director Division 2 2024

I.D. NUMBER

1422272

• 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

Sun Community Federal Credit Union

BANK ACCOUNT NUMBER

760 550 3066

ADDRESS OF FINANCIAL INSTITUTION

1068 Broadway

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	
JB Hamby	Imperial Irrigation District Board of	2024	Nonpartisan	Partisan	(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