

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or
☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

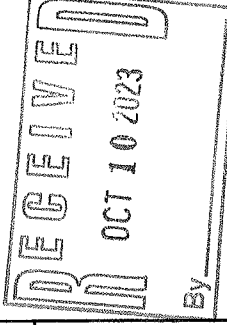
☐ Termination - See Part 5

Date of termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only



1. Committee Information

I.D. Number
(If applicable)

NAME OF COMMITTEE

Committee to Elect Cardenas-Singh Board of Supervisor -2

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Maria Enriquez-Caldera

STREET ADDRESS (NO P.O. BOX)

[REDACTED] e

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

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

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

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

10/10/2023

By

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

10/10/2023

By

DATE

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

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Cardenas-Singh Board of Supervisor -2

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

NAME OF FINANCIAL INSTITUTION

Wells Fargo Bank

AREA CODE/PHONE

760-353-2080

BANK ACCOUNT NUMBER

3375959578

ADDRESS

1200 W 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

Martha Cardenas-Singh

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Imperial County Supervisor District 2

YEAR OF
ELECTION

2024

PARTY
CHECK ONE

Nonpartisan

Partisan

✓

(list political party below)

Democrat

(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

SUPPORT

OPPOSE