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
RECEIVED
OCT 10 2023
By

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

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE
Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Maria Enriquez-Caldera

STREET ADDRESS (NO P.O. BOX)
[redacted]e

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/10/2023 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 10/10/2023 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo Bank	760-353-2080	3375959578

ADDRESS	CITY	STATE	ZIP CODE
1200 W Main Street	El Centro	CA	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		
			Nonpartisan	Partisan	(list political party below)
Martha Cardenas-Singh	Imperial County Supervisor District 2	2024		✓	Democrat
			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
		SUPPORT	OPPOSE