

**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 of the
 Date of termination

**CALIFORNIA 410
FORM**

RECEIVED AND FILED
 the Office of the Secretary of State
 of the State of California

SEP 27 2023

By _____
 OCT 02 2023

2. Treasurer and Other Principal Officers

1. Committee Information I.D. Number 1422272
 (if applicable)

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]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY [REDACTED]		CITY [REDACTED]	
STATE [REDACTED]		STATE [REDACTED]	
ZIP CODE [REDACTED]		ZIP CODE [REDACTED]	
AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@jbhambyiid.com		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
COUNTRY OF DOMICILE El Centro, CA		CITY [REDACTED]	
JURISDICTION WHERE COMMITTEE IS ACTIVE		STATE [REDACTED]	
El Centro, CA		ZIP CODE [REDACTED]	
AREA CODE/PHONE		AREA CODE/PHONE [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

Executed on	September 20, 2023	By	[REDACTED]
Executed on	September 20, 2023	By	[REDACTED]
Executed on		By	[REDACTED]
Executed on		By	[REDACTED]

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME Committee to Re-Elect JB Hamby IID Director Division 2 2024	
NAME OF FINANCIAL INSTITUTION Sun Community Federal Credit Union	BANK ACCOUNT NUMBER ### 621 8900
ADDRESS 1068 Broadway	AREA CODE/PHONE 760 337 4200
CITY El Centro	STATE CA
	ZIP CODE 92243

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

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 Directors Division 2	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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.	CHECK ONE	
	SUPPORT	OPPOSE
CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		