

**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

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

NAME OF FINANCIAL INSTITUTION Sun Community Federal Credit Union	AREA CODE/PHONE 760 337 4200	BANK ACCOUNT NUMBER ### 621 8900
ADDRESS 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)
JB Hamby	Imperial Irrigation District Board of Directors Division 2	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			Nonpartisan	Partisan

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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>