

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 01 / 06 / 2022

Amendment
 Date qualification threshold met
 / /

Termination - See Part 5
 Date of termination
 04 / 23 / 2022

**CALIFORNIA 410
FORM**

For Official Use Only

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

APR 28 2022

MAY 10 2022

2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE: **Committee to Re-Elect Todd Finnell for Superintendent of Schools 2022**
 I.D. Number (if applicable): **1443499**
 NAME OF TREASURER: **Gaylla A. Finnell**
 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]
 NAME OF PRINCIPAL OFFICER(S): [REDACTED]
 STREET ADDRESS (NO P.O. BOX): [REDACTED]
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]
 JURISDICTION WHERE COMMITTEE IS ACTIVE: **Imperial County, California**

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 04/24/2022 By [REDACTED] TREASURER OR ASSISTANT TREASURER
 Executed on 04/24/2022 By [REDACTED] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent