

**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  
 07 / 28 / 2022

**CALIFORNIA 410**  
FORM  
For Official Use Only

Date Stamp

RECEIVED

JUL 29 2022

By \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

<p><b>1. Committee Information</b> I.D. Number 1446163 <i>(if applicable)</i></p> <p>NAME OF COMMITTEE KARINA B ALVAREZ FOR AUDITOR-CONTROLLER 2022</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p> <p>NAME OF PRINCIPAL OFFICER(S) ANDY ALVAREZ</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p>	<p>NAME OF TREASURER KARINA B ALVAREZ</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p> <p>NAME OF PRINCIPAL OFFICER(S) ANDY ALVAREZ</p> <p>STREET ADDRESS (NO. P.O. BOX) [REDACTED]</p> <p>CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**1. Committee Information** I.D. Number 1446163  
*(if applicable)*

NAME OF COMMITTEE  
KARINA B ALVAREZ FOR AUDITOR-CONTROLLER 2022

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
ANDY ALVAREZ

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

JURISDICTION WHERE COMMITTEE IS ACTIVE  
IMPERIAL COUNTY

*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 that the information provided is true and correct.

Executed on	07/28/2022	By	[REDACTED]	TREASURER OR ASSISTANT TREASURER
Executed on	07/28/2022	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
KARINA B ALVAREZ FOR AUDITOR-CONTROLLER 2022

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

NAME OF FINANCIAL INSTITUTION  
N/A

AREA CODE/PHONE  
BANK ACCOUNT NUMBER

CITY  
STATE  
ZIP CODE

**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)
KARINA B ALVAREZ	AUDITOR-CONTROLLER	2022	Nonpartisan <input checked="" type="checkbox"/>	Nonpartisan (list political party below)
			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.	CHECK ONE SUPPORT OPPOSE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

1446163

COMMITTEE NAME

KARINA B ALVAREZ FOR AUDITOR-CONTROLLER 2022

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.