

Statement of Organization Recipient Committee

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

- Amendment
 Termination - See Part 5

Date of termination
08 / 01 / 2022

For Official Use Only

CALIFORNIA
FORM 410

Date Stamp



2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO REELECT CARDENAS
FOR IMPERIAL IRRIGATION DISTRICT 2022 - DIVISION 1

NAME OF TREASURER

KARINA B ALVAREZ

I.D. Number 1444477
(if applicable)

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CHARLES FISHER

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

K_ALVAREZ@YAHOO.COM FAX 760-352-7640

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

ALEX CARDENAS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 foregoing is true and correct.

Executed on 08/01/2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08/01/2022 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Committee to ReElect Cardenas for Imperial Irrigation District 2022 - Division 1

I.D. NUMBER

1444477

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

NAME OF FINANCIAL INSTITUTION

Mechanics Bank

AREA CODE/PHONE

760-337-3213

BANK ACCOUNT NUMBER

350 5322325

ADDRESS

1448 W Main Street

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

Alex Cardenas

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Director

YEAR OF
ELECTION

2022

PARTY
CHECK ONE

Nonpartisan

Partisan

(list political party below)

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER
1444477

COMMITTEE NAME

Committee to ReElect Cardenas for Imperial Irrigation District 2022 - Division 1

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.