

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number: # \_\_\_\_\_

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_

Date qualified as committee: \_\_\_/\_\_\_/\_\_\_ Date qualified as committee (if applicable): \_\_\_/\_\_\_/\_\_\_  
Date of Termination: \_\_\_/\_\_\_/\_\_\_

Date Stamp <b>RECEIVED</b> MAR 05 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA 410</b> FORM For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE: **CMTTE to elect Jesus Escobar Imperial County Supervisor Dist 1**  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

**2. Treasurer and other Principal Officers**

NAME OF TREASURER: **JESUS EDUARDO ESCOBAR**  
 STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

FAX / E-MAIL ADDRESS: **JESCOBAR@RECHB.COM**  
 COUNTY OF DOMICILE: **IMPERIAL**  
 JURISDICTION WHERE COMMITTEE IS ACTIVE: [REDACTED]

STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]  
 NAME OF PRINCIPAL OFFICERS: [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

STREET ADDRESS (NO P.O. BOX): [REDACTED]  
 CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] AREA CODE/PHONE: [REDACTED]

**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 **03/02/2018** By [REDACTED] SIGNATURE OF MEASURER OR ASSISTANT TREASURER  
 Executed on **03/02/2018** 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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

**CMTTE to elect Jesus Escobar Imperial County Supervisor Dist 1**

**CALIFORNIA FORM 410**  
Page 2  
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <b>WELLS FARGO, NA</b>	AREA CODE/PHONE <b>(760)353-2080</b>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <b>1200 MAIN ST.</b>	CITY <b>EL CENTRO</b>	STATE <b>CA</b>
	ZIP CODE <b>92243</b>	

**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."
- 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
<b>Jesus Eduardo Escobar</b>	<b>Imperial County Supervisor District 1</b>	<b>2018</b>	<input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> DEMOCRAT

**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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**CMTTE to elect Jesus Escobar Imperial County Supervisor Dist 1**

**4. Type of Committee** (circle one)

**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

**Small Contributor Committee**

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

**5. Termination Requirements**

- 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.