

**Statement of Organization
Recipient Committee**

Statement Type Initial

Amendment Termination – See Part 5

List I.D. number:

MAR 05 2018

RECEIVED

For Official Use Only

Not yet qualified or

Date qualified as committee
(If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

JESUS EDUARDO ESCOBAR

NAME OF TREASURER

STREET ADDRESS (No P.O. Box)

STREET ADDRESS (No P.O. Box)

CITY _____

CITY _____

STATE _____

STATE _____

ZIP CODE _____

ZIP CODE _____

AREA CODE/PHONE _____

AREA CODE/PHONE _____

2. Treasurer or Other Principal Officers

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (No P.O. Box)

STREET ADDRESS (No P.O. Box)

CITY _____

CITY _____

STATE _____

STATE _____

ZIP CODE _____

ZIP CODE _____

AREA CODE/PHONE _____

AREA CODE/PHONE _____

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 ██████████ Signature of Treasurer or Assistant Treasurer

Executed on 03/02/2018 By ██████████ 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

ATTACH ADDITIONAL INFORMATION ON APPROPRIATELY LABELED CONTINUATION SHEETS.

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

**CALIFORNIA 410
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I.D. NUMBER

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

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

4. Type of Committee	Controlled Committee		
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- 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 PROPOUNDER (INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
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Jesus Eduardo Escobar	Imperial County Supervisor District 1	2018	<input type="checkbox"/> Nonpartisan <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/> Nonpartisan
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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)
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CHECK ONE	
SUPPORT	OPPOSE
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

4. Type of Committee

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

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.