

Statement of Organization

Recipient Committee

Statement Type

Initial

Not yet qualified

or

Amendment

Termination – See Part 5

List I.D. number:

Date Stamp

AUG 28 2018

For Official Use Only

1405181

02 / 27 / 2018

Date qualified as committee
(if applicable)

Date qualified as committee
(if applicable)

02 / 27 / 2018

Date of termination
(if applicable)

1. Committee Information

CMTE to elect Escobar Imperial County Supervisor Dist 1 2018

NAME OF COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JESUS EDUARDO ESCOBAR

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

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 **08/21/2018** By **/**

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on **08/21/2018** By **/**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on **DATE** By **/**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on **DATE** By **/**

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

BY

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO, NA	AREA CODE/PHONE (760)353-2080	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1200 MAIN ST.	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."

- 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 PROONENT Jesus Eduardo Escobar	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) Imperial County Supervisor District 1	YEAR OF ELECTION 2018	PARTY <table border="1"> <tr> <td><input type="checkbox"/> Nonpartisan</td> </tr> <tr> <td>DEMOCRAT</td> </tr> <tr> <td><input type="checkbox"/> Nonpartisan</td> </tr> </table>	<input type="checkbox"/> Nonpartisan	DEMOCRAT	<input type="checkbox"/> Nonpartisan
<input type="checkbox"/> Nonpartisan						
DEMOCRAT						
<input type="checkbox"/> Nonpartisan						

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)
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	SUPPORT <input type="checkbox"/>	CHECK ONE OPPOSE <input type="checkbox"/>
	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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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

CITY

STATE

ZIP CODE

Small Contribution Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

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1405181