

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA 410  
FORM**

For Official Use Only

Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

Date qualification threshold met

Date of termination

**FEB 23 2023**

**MAR 03 2023**

**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California

**RECEIVED**  
By \_\_\_\_\_  
MAR 03 2023

<b>1. Committee Information</b>	<b>I.D. Number</b>	1418685
NAME OF COMMITTEE		

Committee to Elect Ryan Kelley Imperial County Supervisor 2020

NAME OF TREASURER

Robyn Ann Kelley

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████████████████████████████████	████████████████████████████████	████████████████████████████████	████████████████████████████████

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
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NAME OF ASSISTANT TREASURER, IF ANY	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████████████████████████████████	████████████████████████████████	████████████████████████████████	████████████████████████████████	████████████████████████████████

NAME OF PRINCIPAL OFFICER(S)	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████████████████████████████████	████████████████████████████████	████████████████████████████████	████████████████████████████████	████████████████████████████████

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
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STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
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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

**2-19-2023** By \_\_\_\_\_

By \_\_\_\_\_

DATE

████████████████████████████████  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

**2-19-2023** By \_\_\_\_\_

By \_\_\_\_\_

DATE

████████████████████████████████  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

Executed on

\_\_\_\_\_ By \_\_\_\_\_

By \_\_\_\_\_

DATE

████████████████████████████████  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

Executed on

\_\_\_\_\_ By \_\_\_\_\_

By \_\_\_\_\_

DATE

████████████████████████████████  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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ID NUMBER  
1418685

COMMITTEE NAME  
Committee to Elect Ryan Kelley Imperial County Supervisor 2020

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

NAME OF FINANCIAL INSTITUTION Sun Community Credit Union	ADDRESS [REDACTED]	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
		CITY [REDACTED]	STATE [REDACTED]
			ZIP CODE [REDACTED]

**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 PROPOUNDER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(List political party below)
Ryan Kelley	Imperial County Supervisor District #4	2020	<input checked="" type="checkbox"/> Nonpartisan	Partisan
			<input type="checkbox"/> 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)	SUPPORT OPPOSE