Statement of Organization
Recipient Committee

Statement Type

☑ Initial	☐ Amendment	☐ Termination – See Part 5
◉ Not yet qualified or ○ Date qualification threshold met ____/____/____	Date qualification threshold met ____/____/____	Date of termination ____/____/____

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FEB 15 2023
By

CALIFORNIA FORM 410
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1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Committee to Elect Ryan Kelley Imperial County Supervisor 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
robyn.kelley90@yahoo.com

COUNTY OF DOMICILE
imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE
Imperial County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Robyn Ann Kelley

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE
[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

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 2-15-23 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 2/15/2023 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____ (DATE) By ____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)