

1458809

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified

☐ Date qualification threshold met

☐ Amendment

☐ Date qualification threshold met

☐ Termination - See Part 5 of the State of California

Date of termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

RECEIVED
MAY 04 2023

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Committee to Elect Ryan Kelley Imperial County Supervisor 2024

NAME OF TREASURER

Robyn Ann Kelley

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

robyn.kelley90@yahoo.com

COUNTY OF DOMICILE

imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Imperial County

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

Attach additional information on appropriately labeled continuation sheets.

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

2/27/2023

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

2/27/2023

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Ryan Kelley Imperial County Supervisor 2024

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

NAME OF FINANCIAL INSTITUTION

Sun Community Credit Union

AREA CODE/PHONE

760-336-8687

BANK ACCOUNT NUMBER

ADDRESS

1080 South Brawley Avenue

CITY

Brawley

STATE

CA

ZIP CODE

92227

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 PROPONENT

Ryan Kelley

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Imperial County Supervisor District #4

YEAR OF
ELECTION

2024

PARTY
CHECK ONE

Nonpartisan

Partisan

(list political party below)

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)

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE