

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified or
 Date qualification threshold met

- Amendment
 Termination - See Part 5

Date qualification threshold met _____ / _____ / _____

Date of termination
 12 / 23 / 2022

Date Stamp

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

DEC 29 2022

**CALIFORNIA 410
FORM**

For Official Use Only



2. Treasurer and Other Principal Officers

1. Committee Information

NAME OF COMMITTEE Committee to Elect Gina Dockstader 2022 IID Director Div. 3		I.D. Number 1445519 <i>(if applicable)</i>	
NAME OF TREASURER Robert Trimm		NAME OF ASSISTANT TREASURER, IF ANY	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	CITY	STATE
ZIP CODE	AREA CODE/PHONE	ZIP CODE	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) robert@desertskyfarms.com		STREET ADDRESS (NO P.O. BOX)	
COUNTY OF DOMICILE Imperial County		STREET ADDRESS (NO P.O. BOX)	
JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial County		STREET ADDRESS (NO P.O. BOX)	

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 Dec 23, 2022 By _____
 DATE SIGNATURE OF PRESURER OR ASSISTANT TREASURER

Executed on 12/23/2022 By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1445519

COMMITTEE NAME
Committee to Elect Gina Dockstader 2022 IID Director Division 3

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

NAME OF FINANCIAL INSTITUTION
Community Valley Bank

AREA CODE/PHONE
760 344 7771

BANK ACCOUNT NUMBER
020 239 0586

ADDRESS

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

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

YEAR OF
ELECTION

PARTY
CHECK ONE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE	(list political party below)
Gina Dockstader	IID Director Division 3	2022	Nonpartisan <input checked="" type="checkbox"/>	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