

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified

Amendment

Termination - See Part 5

Date qualification threshold met or
 Date qualification threshold met

Date of termination

3 / 23 / 22

1. Committee Information I.D. Number pending (if applicable)

NAME OF COMMITTEE

Committee to Elect Karin Eugenio,
 IID Director, Division 5-2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Karin Eugenio

Date Stamp

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

MAR 20 2022

APR 20 2022

CALIFORNIA FORM 410

For Official Use Only

STREET ADDRESS (NO. BOX) [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

STREET ADDRESS (NO. BOX) [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO. BOX) [REDACTED]
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 info@karineugenioiid.com

COUNTY OF DOMICILE
 JURISDICTION WHERE COMMITTEE IS ACTIVE
 Imperial County

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

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 3/23/22 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 3/23/22 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on [REDACTED] By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee to Elect Karin Eugenio, **ITD Director, Division 5 - 2022**

I.D. NUMBER
pending

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

NAME OF FINANCIAL INSTITUTION Mechanics Bank	AREA CODE/PHONE 760-337-3200	BANK ACCOUNT NUMBER 3505329710
ADDRESS 1448 Main Street	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." 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		(list political party below)
Karin Eugenio	Director, Imperial Irrigation District, Div. 5	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	NPP (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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

Candidate for Director, Imperial Irrigation District, Division 5

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee

Date qualified

_____ / _____ / _____

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or ponent 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.