

Rejected: [Signature]  
Returned: [Signature]

14444779

Statement of Organization Recipient Committee

Statement Type  
 Initial  
 Not yet qualified  
 Date qualification threshold met 01 / 19 / 2022

Amendment  
Date qualification threshold met

Termination - See Part 5  
Date of termination

RECEIVED AND FILED  
In the office of the Secretary of State of the State of California  
JAN 24 2022

CALIFORNIA 410 FORM  
FEDERAL USE ONLY  
RECEIVED  
MAR 18 2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
KARINA B ALVAREZ  
STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

NAME OF COMMITTEE  
COMMITTEE TO REELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2022-DIVISION 1  
STREET ADDRESS (NO P.O. BOX)  
CITY  
STATE  
ZIP CODE  
AREA CODE/PHONE

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

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

COUNTY OF DOMICILE  
IMPERIAL  
JURISDICTION WHERE COMMITTEE IS ACTIVE  
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 and correct.

Executed on 1/19/2022 By [Signature]  
Executed on 1/19/2022 By [Signature] ASSISTANT TREASURER  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
*Committee to Reelect Cardenas for Imperial Irrigation District 2022 - Division 1*

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

NAME OF FINANCIAL INSTITUTION

*Mechanics Bank NA*

AREA CODE/PHONE

*760-337-3213*

BANK ACCOUNT NUMBER

*350 5322325*

ADDRESS

*1448 W Main Street 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	Nonpartisan	Partisan	Party CHECK ONE	(list political party below)
<i>Alex Cardenas</i>	<i>Director</i>	<i>2022</i>		<input checked="" type="checkbox"/>	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	Nonpartisan	(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

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

COMMITTEE TO REELECT CARDENAS FOR IMPERIAL IRRIGATION DISTRICT 2022-DIVISION 1

## 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

### 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, officeholder, orponent 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.