

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 03 / 12 / 2026

Amendment
 Date qualification threshold met
 03 / 12 / 2026

Termination - See Part 5
 Date of termination
 _____ / _____ / _____

**CALIFORNIA 410
FORM**
For Official Use Only

Date Stamp
Register of Voters
MAR 20 2026
Imperial

1. Committee Information

NAME OF COMMITTEE
 Committee to Elect Carlos Duran for Imperial Irrigation District,
 Division 1 - 2026

I.D. Number (if applicable)
 1489251

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

FULL MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

COUNTY OF DOMICILE
 Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE
 IID Division 1 (El Centro, Westmoreland)

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 03/17/2026 By _____
 Digitally signed by Hector Casas
 Date: 2026.03.17 23:39:01 -07'00'

Executed on 3/17/2026 By _____
 Digitally signed by Carlos Duran
 Date: 2026.03.18 00:46:50 -07'00'

Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Committee to Elect Carlos Duran for Imperial Irrigation District, Division 1

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS
Wells Fargo Bank - Carlos Duran & Hector Casas

AREA CODE/PHONE [REDACTED]

BANK ACCOUNT NUMBER [REDACTED]

ADDRESS OF FINANCIAL INSTITUTION [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

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)
Carlos Duran	Imperial Irrigation District Board, Division 1	2026	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			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



Shirley N. Weber, Ph.D.
California Secretary of State
Political Reform Division
1500 11th Street | Sacramento, CA 95814 | 916.653.6224 | prd@sos.ca.gov

March 19, 2026

HECTOR CASAS
DURAN FOR IMPERIAL IRRIGATION DISTRICT, DIVISION 1 - 2026; COMMITTEE TO ELECT CARLOS, ID# 1489251

Emailed to:



form410@sos.ca.gov

The above committee's Recipient Committee Statement of Organization (Form 410) has been successfully processed. The assigned ID number is **1489251**. Questions regarding the processing of this filing may be sent to

The ID number should be provided on all statements and reports filed by the committee and provided to any person or committee to whom a contribution is made.

Amendments

When information contained in the committee's Statement of Organization changes, file an amendment within 10 days of the change with the Secretary of State. Under certain conditions the committee may be required to file an amendment within 24 hours as described in the form's instructions. For more information regarding this requirement and other obligations, refer to the Campaign Rules found at <https://www.fppc.ca.gov/learn/campaign-rules.html>.

Annual Committee Fees

Committees must pay an annual \$50 fee to the Secretary of State no later than 15 days after filing the Form 410 disclosing the committee qualification date. The reoccurring fee is then due no later than January 15th of each year, until the committee is terminated. Failure to pay the fee results in a \$150 penalty, for a total assessment of \$200.

The fee can be paid online at

<https://www.sos.ca.gov/campaign-lobbying/campaign-filing/committee-annual-fee-pay-online> or by check mailed to: Political Reform Division, Secretary of State, 1500 11th Street, Room 495, Sacramento, CA 95814.

Filing Disclosure Requirements and Obligations

Filing schedules for specific election dates, and the most recent versions of all forms and requirements are posted on the FPC's website at:

<https://www.fppc.ca.gov/learn/campaign-rules/where-and-when-to-file-campaign-statements-when-to-file-campaign-statements-state-local-filing-schedules.html>.

Local committees should check with the local jurisdiction to determine filing obligations and whether electronic filing is required. Local jurisdictions may also post filing schedules that include additional local reporting requirements.

How to Terminate

Recipient committees may only terminate when they have met all the termination requirements in the form box and provide a valid date of termination. Send the completed Form 410 to the Secretary of State. Send the Form 450 or 460 Termination to the local jurisdiction.