

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination – See Part 5
 Date of termination

CALIFORNIA FORM 410
 For Official Use Only

Registrar
 Date Stamp
to Voters
MAR 19 2026
Imperial County

1. Committee Information I.D. Number 1488564

NAME OF COMMITTEE
 COMMITTEE TO RE-ELECT KARIN EUGENIO DIVISION 5, 2026
 IID DIRECTOR

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] AREA CODE/PHONE [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
 [REDACTED]

EMAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
 [REDACTED]

COUNTY OF DOMICILE
 IMPERIAL JURISDICTION WHERE COMMITTEE IS ACTIVE
 IMPERIAL

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 ADRIANA MURILLO KIRBY

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
 [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)
 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
 KARIN EUGENIO

STREET ADDRESS (NO P.O. BOX)
 [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)
 [REDACTED]

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 3/16/26 BY [REDACTED]
DATE DATE SIGNATURE OF PRINCIPAL OFFICER/TREASURER

Executed on 3/16/26 BY [REDACTED]
DATE DATE SIGNATURE OF MEASURE PROponent

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ BY _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
COMMITTEE TO RE-ELECT KARIN EUGENIO DIVISION 5, 2026 IID DIRECTOR

I.D. NUMBER

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 FargoBank

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

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	DIVISION 5, 2026 IID DIRECTOR	2026	Nonpartisan <input checked="" type="checkbox"/>	Partisan
			Nonpartisan	Partisan

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.	CHECK ONE
	SUPPORT OPPOSE
	SUPPORT OPPOSE