

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

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
APR 25 2022

CALIFORNIA 410
FORM
For Official Use Only

1. Committee Information I.D. Number 1448946
(if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE Committee To Elect Robert Menvielle County Assessor 2022	NAME OF TREASURER Robert Menvielle
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
CITY [REDACTED]	CITY [REDACTED]
STATE [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]	ZIP CODE [REDACTED]
AREA CODE/PHONE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY Amanda Rodriguez
[REDACTED]	STREET ADDRESS (NO P.O. BOX) [REDACTED]
[REDACTED]	CITY [REDACTED]
[REDACTED]	STATE [REDACTED]
[REDACTED]	ZIP CODE [REDACTED]
[REDACTED]	AREA CODE/PHONE [REDACTED]
COUNTY OF DOMICILE Imperial	NAME OF PRINCIPAL OFFICER(S) Robert Menvielle
JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial County	STREET ADDRESS (NO P.O. BOX) [REDACTED]
	CITY [REDACTED]
	STATE [REDACTED]
	ZIP CODE [REDACTED]
	AREA CODE/PHONE [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 4/19/22 By [REDACTED]
Executed on 4/19/22 By [REDACTED]
Executed on _____ By _____
Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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1446946

COMMITTEE NAME
Committee To Elect Robert Menvielle County Assessor 2022

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

3505350225

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)
			Nonpartisan	Partisan	
Robert Menvielle	County Assessor	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME

Committee To Elect Robert Menvielle County Assessor 2022

4. Type of Committee (continued)

General Purpose Committee

CITY Committee COUNTY Committee STATE Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

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 of 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.