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Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified

or

Date qualification threshold met

Amendment

Date qualification threshold met

05, 25, 2021

Date of termination

JUN 01 2021

Date Stamp

RECEIVED AND FILED in the Office of the Secretary of State of the State of California

JUL 25 2021

CALIFORNIA FORM 410

For Official Use Only

2. Treasurer and Other Principal Officers

1. Committee Information I.D. Number 1436167

NAME OF COMMITTEE

Committee to Elect Fred Miramontes Imperial County Sheriff - 2022

NAME OF TREASURER

Jesus J. Terrazas

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

[Redacted]

STATE

ZIP CODE

AREA CODE/PHONE

CITY

[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

[Redacted]

NAME OF PRINCIPAL OFFICER(S)

Federico Sanchez Miramontes

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

Imperial

JURISDICTION WHERE COMMITTEE IS ACTIVE

Imperial County

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 5-25-21 By [Redacted] TREASURER

Executed on 5-25-21 By [Redacted] ASSISTANT TREASURER

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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Recipient Committee**

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COMMITTEE NAME *Committee to Elect Fred Miramontes Imperial County Sheriff - 2022*

I.D. NUMBER
1436167

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

NAME OF FINANCIAL INSTITUTION <i>Sun Community Federal Credit Union</i>	AREA CODE/PHONE <i>760 337-4200</i>	BANK ACCOUNT NUMBER <i>9044686025</i>
ADDRESS <i>PO Box 4210</i>	CITY <i>El Centro</i>	STATE <i>CA.</i>
		ZIP CODE <i>92244</i>

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>Fred Miramontes</i>	<i>Imperial County Sheriff</i>	<i>2022</i>	<input checked="" type="checkbox"/>		Nonpartisan	
			<input type="checkbox"/>		Nonpartisan	

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

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COMMITTEE NAME

*Committee to Elect Fred Miramontes
Imperial County Sheriff - 2022*

I.D. NUMBER

1436167

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, the treasurer, assistant treasurer and/or candidate, officeholder, 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.