Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☐ Amendment	☑ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met ____/____/____	Date qualification threshold met ____/____/____	Date of termination 6 / 25 / 2026

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

JUN 25 2026

Imperial County

1. Committee Information

I.D. Number (if applicable) 1483785

NAME OF COMMITTEE

Committee to Elect Ben Salorio for Judge of the Superior Court 2026

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE

[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

[redacted]

COUNTY OF DOMICILE

[redacted]

JURISDICTION WHERE COMMITTEE IS ACTIVE

[redacted]

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Benjamin Salorio

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

[redacted]

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE

[redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE

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 6/25/26 (DATE) By [redacted]

Executed on 6/25/26 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)