

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

09 / 23 / 2026

☐ Amendment

Date qualification threshold met

____ / ____ / ____

☐ Termination – See Part 5

Date of termination

____ / ____ / ____

Registrar
of Voters

Date Stamp

SEP 24 2026

Imperial
County

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Committee of Ashley Contreras for IV Healthcare District 3 2026		NAME OF TREASURER Carina Lizarraga
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S) Ashley Contreras
		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 09-23-26 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 9-8-2026 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Committee of Ashley Contreras for IV Healthcare District 3

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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 Fargo Bank
Carina Lizarraga Nunez

AREA CODE/PHONE

(760) 353-2080

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

1200 Main St.

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 PROONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF
ELECTION

PARTY
CHECK ONE

Ashley Contreras De la Vega	IVHD District 3	2020	Nonpartisan ☒	Partisan	(list political party below) Democratic
			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

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I.D. NUMBER

COMMITTEE NAME

Committee of Ashley Contreras for IV Healthcare District 3, 2024

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, 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 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.

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov