

RCVD CITY CLERK'S
MAR 01 2021 AM 11:57

CALIFORNIA
FORM 410

Statement of Organization Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 14 / 2020

RECEIVED AND FILED
Office of the Secretary of State
of the State of California
JAN 04 2021

For Official Use Only
RCVD CITY CLERK'S
DEC 28 2020 PM 12:37

1. Committee Information		2. Treasurer and Other Principal Officers			
I.D. Number 1431175 <small>(if applicable)</small>		NAME OF TREASURER Maria Enriquez-Caldera			
NAME OF COMMITTEE Committee to Elect Cardenas-Singh for El Centro City Council 2020		STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)		CITY El Centro	STATE CA	ZIP CODE 92243	AREA CODE/PHONE
CITY El Centro	STATE CA	ZIP CODE 92243	NAME OF ASSISTANT TREASURER, IF ANY		
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) singh4elcentro2020@yahoo.com		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Imperial	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S) Alex Cardenas		
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)			
		CITY El Centro	STATE CA	ZIP CODE 92243	AREA CODE/PHONE

RECEIVED
FEB 11 2021
By _____

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	12/21/2020	By	_____
	<small>DATE</small>		
Executed on	12/21/2020	By	_____
	<small>DATE</small>		
Executed on	12/21/2020	By	_____
	<small>DATE</small>		
Executed on	_____	By	_____
	<small>DATE</small>		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee to Elect Cardenas-Singh for El Centro City Council 2020	I.D. NUMBER
---	-------------

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE -	BANK ACCOUNT NUMBER
ADDRESS 1200 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		
Martha Cardenas Singh	El Centro City Council	2020	Nonpartisan	Partisan <input checked="" type="checkbox"/>	(list political party below) Democrat
			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