

Statement of Organization
Recipient Committee

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1431175

RCVD CITY CLERK'S
JUN 12 2021 11:11:19
CALIFORNIA FORM 410

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input checked="" type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
08 / 05 / 2020	____ / ____ / ____	____ / ____ / ____

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

AUG 24 2020

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*Verified with treasurer
that status is "not yet qualified."
PAA 9/15/2020*

R/P/A

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

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	08/11/2020	By	_____
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	08/11/2020	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	8/11/2020	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Cardenas-Singh for El Centro City Coucil 2020	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Martha Cardenas Singh	El CentroCity 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Cardenas-Singh for El Centro City Council 2020

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

Election for City Council 2020

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, 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.

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 _____

Executed on 12/21/2020 By _____

Executed on 12/21/2020 By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

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		ZIP CODE 92243

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE