	Kin	1,101	1-1-			0001 V011.10
Statement of Organ	ization 13	1421		Date Stamp	CALIFO	
Recipient Committe					FOR	
Statement Type Init	1.	☐ Amendment ☐	Termination - See Part 5	HCEIVED AND FILE the office of the Secretary of S	For	Official Use Only
	yet qualified	Amenament	1 Tommanon Goo Land	of the State of California	VEVERICY	L with heasurer 11
	or				that state	us is "not yet qualities.
Date	e qualification threshold met	Date qualification threshold met	Date of termination	AUG 24 2020	1	PAA 91 -1/2020
08	8 / 05 / 2020					P/R/A
1. Committee Infor	mation I.D. Numb	er	2. Treasurer and	Other Principal Officer	S Majar	
NAME OF COMMITTEE	(y applicable)	7.	NAME OF TREASURER			
			Maria Enriquez Cal	dera	*	
Committee to Elect Car	denas-Singh for El Centr	ro City Council 2020	STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE
			El Centro	Ca	92243	
CITY		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
El Centro		22.43				
FULL MAILING ADDRESS (IF DIFFEREN	JT)		STREET ADDRESS (NO P.O. BOX)			
			CITY	STATE	ZIP CODE	AREA CODE/PHONE
e-mail address (required) / fax (c singh4elcentro2020@ya.			CIT	JIMIL .	ZII CODE	Allen Cobe, Mone
COUNTY OF DOMICILE	JURISDICTION WHERE CO	DMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S	5)		
Imperial			Alex Cardenas			49
			STREET ADDRESS (NO P.O. BOX)			
N T NOT						Section with the Post
Attach additional inform	nation on appropriately	labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach daditional mjorn	ration on appropriately i	abelea continuation sheets.	El Centro	Ca	92243	
3. Verification	and the second second second					
A STATE OF THE REAL PROPERTY.	ale diligence in preparing	g this statement and to the best o	of my knowledge the inform	ation contained herein is true	e and complete	L certify under
		f California that the foregoing is t		ation contained herein is true	e and complete	. recruity under
08/11/2020) -					
Executed on	DATE By	/ - / Laurrer	TPURE OF TREASURER OR ASSISTANT TREAS	SURER	***************************************	
Executed on 08/11/2020	DATE By	<u>(</u>				
9/11/20	21	A CICL.		- nnenstive vortormen.T		
Executed on DIIII	DATE By	- SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDAFE, OR STAT	E MEASURE PROPONENT		
Executed on	Ву					
	DATE	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STAT	TE MEASURE PROPONENT		5 440 (A

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Statement of Organization Recipient Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

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	ORM	4	10

NSTRUCTIONS ON REVERSE						- property and the second second second
NO THORS ON REVERSE					Page 2	
COMMITTEE NAME					I.D. NUMBER	
Committee to Elect Cardenas-Singh for El Centro Cit	ty Coucil 2020					
 All committees must list the financial institution v 	where the campaign bank ac	count is located.				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PH	IONE ,	BANK ACCOUNT	NUMBER		
Wells Fargo						
ADDRESS	CITY		STATE	ZIP CODE		
1200 Main St.	El Centro		CA	92243		
4. Type of Committee Complete the applical	ble sections.	(多数) 医肾盂炎				

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.

Martha Cardenas Singh	El CentroCity Council	2020	Nonpartisan	Partisan	(list political pa	rty below)
			Nonpartisan	Partisan	(list political pa	rty below)
	d to support or oppose specific candidates or measures i					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLU IF A RECALL, STATE "RECALL" IN FRONT OF THE OFF		E SOUGHT OR HELD OR MEAS RICT NO., CITY OR COUNTY, A		ON	CHECK	ONE
					SUPPORT	OPPOSE
3 3 3 3 3 3					SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF

ELECTION

PARTY

CHECK ONE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 3

Committee to Elect Cardenas-Si	ngh for El Centro City Council 2020					
4. Type of Committee	(Continued)	医原理性 医乳腺溶液 经外货票帐户	9 (6) (6)			
General Purpose Committee	Not formed to support or oppose ☑ CITY Committee	specific candidates or measures in COUNTY Committee	a single election. Check			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Election for City Council 2020						
Sponsored Committee List	additional sponsors on an attachme	nt.		· · · · · · · · · · · · · · · · · · ·		
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF	SPONSOR			
STREET ADDRESS NO. AND STRE	ET	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE	
Small Contributor Committee		9				
5. Termination Require	ments By signing the verification, the	treasurer, assistant treasurer and/or candid	ate, officeholder, or ponent c	ertify that all of the foll	owing 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.

**	*)					•			R	COOD CIT	Y CLERK'S	5 57
Statement of C Recipient Com	nmittee	on			- ₁	RE		ZOJZe STEM	1 833 1 9 5		FORNIA ORM	410
Statement Type	O Not yet que		Amend	ment ation threshold met		mination – See Paris		the Secreta State of Califo	viilla		For Official Usi	
	———/_	/	———/_	/				04 2021		DE	C 28 202	0 PH12:37
1. Committee	e Informati	I.D. Num	ber 1431175			2. Treasurer and	Other	Principal	Officer	S	造造計	1 重用 4
NAME OF COMMITTEE						NAME OF TREASURER				13		004
Committee to El	lect Cardenas-	Singh for El Cer	itro City Counc	il 2020		Maria Enriquez-Calo	dera			o de la constante de la consta	FEB 112	.021
						STREET ADDRESS (NO P.O. BOX)				Ву_		
STREET ADDRESS (NO P.O	. BOX)				-	CITY			STATE	ZIP CODE	AREA	CODE/PHONE
						El Centro			CA	92243		1.0
El Centro			92243	AREA CODE/PHONE		NAME OF ASSISTANT TREASURER	R, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)					STREET ADDRESS (NO P.O. BOX)						
e-MAIL ADDRESS (REQUIF singh4elcentro2(CITY			STATE	ZIP CODE	AREA	CODE/PHONE
COUNTY OF DOMICILE		JURISDICTION WHERE	COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)						
Imperial						Alex Cardenas						
						STREET ADDRESS (NO P.O. BOX)						
A	1. 6				. -	CITY			STATE	ZIP CODE	AREA	CODE/PHONE
Attach additiona	l information	on appropriately	labeled contin	uation sheets.		El Centro			CA	92243		
3. Verificatio	n			(1) 在 (2) (1)		的是是是一个	141			。	CARAL	18 4 4 5
I have used all re penalty of perjui	easonable dilig	gence in prepari aws of the State	ng this stateme of California th	nt and to the bes at the foregoing	st of my l is true a	knowledge the informand correct.	ition cor	tained here	ein is true	and comp	lete. I certif	y under
Executed on	21/2020 DATE	Ву _										
Executed on	21/2020 DATE	ву ←										
Executed on	21/2020 DATE	Ву	-	SIGNATURE OF CONT	ROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE	MEASURE PE	ROPONENT				
Executed on		Ву										
	DATE			SIGNATURE OF CONT	ROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE	MEASURE PI	ROPONENT				

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Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE					Page 2		
COMMITTEE NAME Committee to Elect Cardenas-Singh for El Centro City Council 20	20				I.D. NUMBER		
All committees must list the financial institution where the car	mpaign bank account is located						
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCO	UNT NUMBER				
Wells Fargo Bank	i.						
ADDRESS	CITY	STATE	ZII	CODE			
1200 Main Street	El Centro	CA	9	2243			
4. Type of Committee Complete the applicable sections.	外的 和数据数据数据						
Controlled Committee							
 List the name of each controlling officeholder, candidate, or sta- also list the elective office sought or held, and district number, i 			r controlled	,			
 List the political party with which each officeholder or candidate 	e is affiliated or check "nonpart	san." Stating "No p	arty prefere	nce" is accep	otable		
If this committee acts jointly with another controlled committee	e, list the name and identification	on number of the ot	her controll	ed committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE		YEAR OF ELECTION	PAR' CHECK			
Martha Cardenas Singh	El Centro City Council		2020	Nonpartisan	Partisan	(list political pa	rty below)
					√	Democrat	
				Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or o	ppose specific candidates or me	easures in a single el	ection. List	below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET		E(S) OFFICE SOUGHT OR H			ON	CHEC	K ONE
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	(IN	LUDE DISTRICT NO., CITY	UN CUUNTT, AS	AFFEICABLE)		SUPPORT	OPPOSE

OPPOSE