Statement of Organization
Recipient Committee

Statement Type

☑ Initial
☒ Not yet qualified or
☐ Date qualification threshold met

Date qualification threshold met

☐ Amendment
☐ Termination – See Part

Date of termination

1. Committee Information

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</th>
<th>I.D. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Elect Cardenas-Singh for El Centro City Council 2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Centro</td>
<td>Ca</td>
<td>92243</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL MAILING ADDRESS (IF DIFFERENT)</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:singh4elcentro2020@yahoo.com">singh4elcentro2020@yahoo.com</a></td>
<td>El Centro</td>
<td>Ca</td>
<td>92243</td>
<td></td>
</tr>
</tbody>
</table>

2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Enriquez Caldera</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
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<td>92243</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF ASSISTANT TREASURER, IF ANY</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Executed on 08/11/2020

Executed on 08/11/2020

Executed on 08/11/2020

Signed by:

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 Main St.</td>
<td>El Centro</td>
<td>CA</td>
<td>92243</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
<th>(list political party below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Cardenas Singh</td>
<td>El Centro City Council</td>
<td>2020</td>
<td>Nonpartisan</td>
<td>Democrat</td>
</tr>
</tbody>
</table>

Primarily Formed Committee  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>
Statement of Organization Recipient Committee

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 person 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.
Statement of Organization
Recipient Committee

Statement Type
☑ Termination – See Part 6 of the Secretary of State of the State of California
☐ Initial
☐ Not yet qualified or
☐ Date qualification threshold met
☐ Amendment
☐ Date qualification threshold met

Date of termination
12 / 14 / 2020

1. Committee Information

I.D. Number 1431175

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

STREET ADDRESS (NO P.O. BOX)

CITY
El Centro
STATE
CA
ZIP CODE
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Maria Enriquez-Caldera

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

NAME OF PRINCIPAL OFFICER(S)
Alex Cardenas

STREET ADDRESS (NO P.O. BOX)

CITY
El Centro
STATE
CA
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Attach additional information on appropriately labeled continuation sheets.

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 __________

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Executed on __________ By __________
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<td>OPPOSE</td>
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