

**Statement of Organization
Recipient Committee**

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1434254

RCVD CITY CLERK'S
NOV 10 2020 11:10

CALIFORNIA FORM 410
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NOV 09 2020
By _____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
OCT 27 2020

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment
Date qualification threshold met _____

Termination - See Part 2
Date of termination _____

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Sonia Carter for City Council 2020				NAME OF TREASURER Raul Urena				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Calexico		STATE CA		ZIP CODE 92231		AREA CODE/PHONE	
CITY El Centro		STATE CA		ZIP CODE 92243		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY N/A			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) N/A				CITY N/A			
E-MAIL ADDRESS (REQUIRED); FAX (OPTIONAL)				STATE N/A		ZIP CODE N/A		AREA CODE/PHONE N/A		AREA CODE/PHONE	
COUNTY OF DOMICILE Imperial		JURISDICTION WHERE COMMITTEE IS ACTIVE City of El Centro		NAME OF PRINCIPAL OFFICER(S) N/A				STREET ADDRESS (NO P.O. BOX) N/A			
Attach additional information on appropriately labeled continuation sheets.				CITY N/A		STATE N/A		ZIP CODE N/A		AREA CODE/PHONE N/A	

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 10/21/2020 By [Signature]
DATE

Executed on 10/21/2020 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Sonia for City Council 2020	I.D. NUMBER <i>Pending</i>
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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		
Sonia Carter	El Centro City Council	2020	Nonpartisan	Partisan	(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

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INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Sonia Carter for City Council 2020

I.D. NUMBER

Pending

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, 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
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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	<input type="radio"/> Date qualification threshold met	Date of termination 12 / 31 / 2020

Date Stamp
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JAN 04 2021

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E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) soniacartervote2020@gmail.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Imperial		JURISDICTION WHERE COMMITTEE IS ACTIVE City of El Centro		CITY STATE ZIP CODE AREA CODE/PHONE				STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY STATE ZIP CODE AREA CODE/PHONE				STREET ADDRESS (NO P.O. BOX)			

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 12-31-20 By _____
DATE

Executed on 12-31-20 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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			Nonpartisan	Partisan	
Sonia Carter	Member of El Centro City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Democrat
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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		SUPPORT	OPPOSE

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Sonia Carter for City Council 2020

I.D. NUMBER

:

:

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