Statement of C Recipient Constant	omittee	34254 Termination – See Parimire office	Date Stamp	- 100	FORNIA 410	6 ·
7.	O Not yet qualified	of t	ce of the Secretary of State he State of California	1111	NOV 0 9 2020	
	Of the second se				40 4 8 2020 III	
	Date qualification threshold met Date qualification threshold met	Date of termination	OCT 27 2020	Bv	1	1/
	10,16,20	//	* ·			V
1. Committe	e Information I.D. Number	2 Treasurer and Oth	er Principal Officers			
Sonia Carter for	r City Council 2020	Raul Urena	1 M			
		STREET ADDRESS (NO P.O. BOX)			Processed to the second	1
STREET ADDRESS (NO P.C	D. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE	$\dashv$
	₩ /	Calexico	CA.	92231		
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	(			7
El Centro	CA 92243	N/A			3	
FULL MAILING ADDRESS	(IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)  N/A		-	8.	
E-MAIL ADDRESS (REQUI	REST, PAY, OWN ON YOUR STATE OF THE STATE OF	LITY	STATE	ZIR CODE	AREA CODE/PHONE	7
	# 2 ##**	N/A	N/A	N/A	N/A	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				٦
Imperial	City of El Centro	N/A	terror and P <sup>2</sup>	,		
		STREET ADDRESS (NO P.O. BOX)				
		N/A				
Attach addition	al information on appropriately labeled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	Chief The Continue of the Cont	N/A	N/A	N/A	N/A	
3. Verification	on,					
I have used all r	easonable diligence in preparing this statement and to the best of	my knowledge the information	contained herein is true	and comp	lete. I certify under	
	ury under the laws of the State of California that the foregoing is tru					
Executed on 10	0/21/2020 By					
. 10	DATE -/	A ASSISTANT THE ASURER				
Executed on	0/21/2020 DATE By					
Evecuted	SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, OR STATE MEASU	IRE PROPONENT			
Executed on	DATE SIGNATURE OF CONTROLLII	NG OFFICEHOLDER, CANDIDATE, OR STATE MEASL	JRE PROPONENT		×:	
Executed on	Ву					
	DATE SIGNATURE OF CONTROLLI	ING OFFICEHOLDER, CANDIDATE, OR STATE MEASO	JRE PROPONENT	F	FPPC Form 410 (August/203	18)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE			The party	The second second second second	FORNIA 410
Expression and the second seco				Page 2	
Sonia for City Council 2020			100	I.D. NUMBER	Ling
All committees must list the financial institution where the committees.	ampaign bank account is located.				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	TRANK ACCOUNT NUMBER			
Wells Fargo	(20)				
ADDRESS	CITY	STATE	ZIP CODE		
1200 Main St.	El Centro	Ca	92243		
4. Type of Committee Complete the applicable sections		3.403.01144.146			250 63 4501 07 46 247303
Controlled Committee					
<ul> <li>List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number,</li> </ul>	ate measure proponent. If candidate or of if any, and the year of the election.	ficeholder controlle	ed,		· · · · · · · · · · · · · · · · · · ·
List the political party with which each officeholder or candida		ing "No party prefe	ronco" is acco	ntable	*
If this committee acts jointly with another controlled committee					
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICAB	YEAR OF LE) ELECTION	1731		
Sonia Carter	El Centro City Council	2020	Nonpartisan	Partisan	(list political party below)  Democrat
			Nonpartisan	Partisan	(list political party below)
				<u> </u>	<u>Linear in the second of the s</u>

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

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.

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OPPOSE

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SUPPORT

SUPPORT

## Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 3	
I.D. NUMBER	

Sonia Carter for City Council 20				Pending	
4. Type of Committee	(Continued)	idorra de la composição d	ek was gazarewa u		
General Purpose Committee 🖫	Not formed to support or oppose  CITY Committee	specific candidates or measure  COUNTY Committee	es in a single election. Check only of STATE Committee	ne box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
Sponsored Committee List	additional sponsors on an attachme	nt.	Consider the constant	\$	
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIAT	TION OF SPONSOR		
STREET ADDRESS NO. AND STR	FFT	CITY			
		CITY	STATE ZIP CC	DDE AREA CODE/PHONE	
Small Contributor Committee					

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;

Date qualified

- 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 ( Recipient Con				Date Stamp	FORM 410
tatement Type	☐ Initial ☐ Not yet qualified or	☐ Amendment	✓ Termination – See Part 5	RECEIVED AND FILE of the office of the Secretary of Si of the State of California	FEB 1 1 2021
	O Date qualification threshold m	et Date qualification threshold met	Date of termination	JAN 04 2021	By
1. Committe	e Information I.D. Num	ber <sub>1434254</sub>	2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE	(if opplicable)		NAME OF TREASURER		
Sonia Carter for	City Council 2020		Raul Urena		
			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O	D. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE
***			Calexico	CA	92231
El Centro		p code area code/phone 92243	NAME OF ASSISTANT TREASURE	R, IF ANY	200
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
e-MAIL ADDRESS (REQUII	red) / fax (optional) 2020@gmail.com		CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE City of El Cent		NAME OF PRINCIPAL OFFICER(S)	)	
	22011	2	STREET ADDRESS (NO P.O. BOX)		- Section
Attach addition	al information on appropriately	labeled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verificatio	n				
		ng this statement and to the bes of California that the foregoing		ation contained herein is true	and complete. I certify under
Executed on	-31-20 By _				
Executed on 12-	-31-20 By		DOLLANG OFFICE HOLDER CAMPIDIATE CO.	MEASURE DRODONENT	
Executed on		SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	: WEASUKE PROPUNENT	
Executed Oil	DATE By	SIGNATURE OF CONT	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	
Executed on	By				10000

FPPC Form 410 (August/2018)
FPPC Advice: <a href="mailto:advice@fppc.ca.gov">advice@fppc.ca.gov</a> (866/275-3772)
<a href="mailto:www.fppc.ca.gov">www.fppc.ca.gov</a>

## Statement of Organization Recipient Committee

CALIFORNIA	110	
FORM	410	

INSTRUCTIONS ON REVERSE				
				Page 2
COMMITTEE NAME				I.D. NUMBER
Sonia Carter for City Council 2020				
All committees must list the financial institution	n where the campaign bank account is located	I.		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Wells Fargo				
ADDRESS	CITY	STATE	ZIP CODE	
1200 Main St.	El Centro	CA	92243	
4. Type of Committee Complete the appli	cable sections.	B-PATE TO TAKE	21. 新疆 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	2011年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月
Controlled Committee				

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- 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.

Samia Cantan	M I GELO I CHI O II	2020	Nonpartisan	Partisan	(list political par	ty below)
Sonia Carter	Member of El Centro City Council		1		Democrat	
			Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee  Primarily formed to support or op  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT  IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	opose specific candidates or measures in a single  (ER) CANDIDATE(S) OFFICE SOUGHT O  (INCLUDE DISTRICT NO., CI	R HELD OR MEASL	JRE(S) JURISDICTI	ON	СНЕСК	
					SUPPORT	OPPOSE
			- 1		SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

(INCLUDE DISTRICT NUMBER IF APPLICABLE)

PARTY

CHECK ONE

ELECTION

Statement of Organizati Recipient Committee NSTRUCTIONS ON REVERSE	on				CALIFORNIA FORM	410
					Page 3	
омміттє ваме Sonia Carter for City Council 202	20				I.D. NUMBER	
4. Type of Committee	(Continued)	45000000000000000000000000000000000000	espoisit (1200)		然為[8] (A) (A) (A)	Wilds
General Purpose Committee	Not formed to support or op	ppose specific candidates or me				
ROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List a	additional sponsors on an atta	chment.				
IAME OF SPONSOR		INDUSTRY GROUP OR	AFFILIATION OF SPONSOR			
STREET ADDRESS NO. AND STREE	ET	CITY	STATE	ZIP CODE	AREA CODE/PHONE	E
Small Contributor Committee		_			Įs.	
	Date qualified					
5. Termination Requires	ments By signing the verificati	on, the treasurer, assistant treasurer a	nd/or candidate, officeholde <u>r, or pone</u>	ent 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;
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