

Statement of Organization
Recipient Committee

RECEIVED
AUG 10 2022

Statement Type

Initial
 Amendment
 Termination - See Part 5

Not yet qualified
 or
 Date qualification threshold met

Date qualification threshold met: 8/9/2022

Date of termination: _____

Date Stamp: BY: _____
 RECEIVED
 AUG 10 2022
 CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Committee to Elect Obeso-Martinez for Imperial City Council 2022</u>			NAME OF TREASURER <u>MARIA ENRIQUEZ - CALDERA</u>			
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT) <u>same as above</u>			STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>ida for imperial@gmail.com</u>			CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE <u>Imperial</u>			NAME OF PRINCIPAL OFFICER(S) <u>PERSCILL JENEIL OBESO</u>			
JURISDICTION WHERE COMMITTEE IS ACTIVE			STREET ADDRESS (NO P.O. BOX) <u>ST CA 92251</u>			
Attach additional information on appropriately labeled continuation sheets.			STATE ZIP CODE AREA CODE/PHONE <u>IMPERIAL</u>			

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 8-9-2022 By Maria Enrig Caldera
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8/9/2022 By Perscill Jeneil Obeso
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
COMMITTEE TO Elect Dheso - MARTINEZ FOR Imperial City Council 2022

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

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo</i>	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS <i>1200 Main St.</i>	CITY <i>El Centro</i>	STATE <i>CA</i>	ZIP CODE <i>92243</i>	

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		
<i>Ida Dheso-MARTINEZ</i>	<i>Imperial City Council</i>	<i>2022</i>	Nonpartisan	Partisan	(list political party below)
			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

Statement of Organization
Recipient Committee

Statement Type

Initial
 Amendment
 Termination - See Part 5

Not yet qualified
or
 Date qualification threshold met

Date qualification threshold met: 8, 9, 2022

Date of termination:

Date Stamp
RECEIVED
AUG 10 2022
BY:

CALIFORNIA FORM 410
For Official Use Only

1. COMMITTEE INFORMATION		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Committee to Elect Obeso-Martinez for Imperial City Council 2022</u>				NAME OF TREASURER <u>MARIA ENRIQUETA CALDERA</u>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
<u>Imperial, CA 92251</u>				<u>El Centro CA 92243</u>			
CITY STATE ZIP CODE AREA CODE/PHONE				CITY STATE ZIP CODE AREA CODE/PHONE			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
<u>Same as above</u>							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY STATE ZIP CODE AREA CODE/PHONE			
<u>ida for imperial@gmail.com</u>							
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
<u>Imperial</u>				<u>PRISCILLA JONATHAN OBESO</u>			
				STREET ADDRESS (NO P.O. BOX)			
				<u>Imperial CA 92251</u>			
				CITY STATE ZIP CODE			

Attach additional information on appropriately labeled continuation sheets.

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 8-9-2022 By Maria Enriqueta Caldera
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-9-2022 By Priscilla Jonathan Obeso
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

RECEIVED
AUG 10 2022

BY:

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

COMMITTEE NAME
COMMITTEE TO Elect Dheso-MARTINEZ FOR Imperial City Council 2022

- 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.

El Centro

CA

CITY CODE

92243

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		(list political party below)
			Nonpartisan	Partisan	
Ida Dheso-MARTINEZ	Imperial City Council	2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

R
L 13 1454439

Rejected: _____
Returned: 8/19/22

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
<u>08</u> / <u>26</u> / <u>2022</u>	____/____/____	____/____/____

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
Date Stamp
AUG 29 2022

CALIFORNIA **410**
FORM
in the office of the Secretary of State
of the State of California
FILED
SEP 19 2022
KMR

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number <i>(if applicable)</i>				NAME OF TREASURER			
NAME OF COMMITTEE Committee to Elect Obeso-Martinez for Imperial City Council 2022				Maria Enriquez-Caldera			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY				CITY	STATE	ZIP CODE	AREA CODE/PHONE
Imperial				El Centro	CA	92243	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY			
idaforimperial@gmail.com							
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Imperial				Priscill Jenell Obeso			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY				CITY	STATE	ZIP CODE	AREA CODE/PHONE
Imperial				Imperial	CA	92251	
Attach additional information on appropriately labeled continuation sheets.							

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 08/26/2022 By Maria Enriquez-Caldera
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/26/2022 By Priscilla Obeso
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 08/26/2022 By Ada S. Obeso-Martinez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

RECEIVED
OCT 24 2022
By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect Obeso-Martinez for Imperial City Council 2022	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 Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS 1200 Main Street	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.
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- 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		
Ida Obeso-Martinez	Imperial City Council 2022	2022	Nonpartisan	Partisan	(list political party below)
			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**

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
____/____/____	____/____/____	11 / 30 / 2022

Date Stamp	CALIFORNIA FORM 410
RECEIVED DEC 28 2022	For Official Use Only

1. Committee Information				I.D. Number 1454439 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE Committee to Elect Obeso-Martinez for Imperial City Council 2022				NAME OF TREASURER Maria Enriquez-Caldera				STREET ADDRESS (NO P.O. BOX)							
STREET ADDRESS (NO P.O. BOX)				CITY Imperial		STATE CA		ZIP CODE 92251		AREA CODE/PHONE 760-791-2833		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY Imperial		STATE CA		ZIP CODE 92251		AREA CODE/PHONE 760-791-2833		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) idaforimperial@gmail.com				CITY Imperial		STATE CA		ZIP CODE 92251		AREA CODE/PHONE 760-791-2833		NAME OF PRINCIPAL OFFICER(S) Priscill Jenell Obeso			
COUNTY OF DOMICILE Imperial		JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)				CITY Imperial				STATE CA		ZIP CODE 92251	
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	12/05/2022	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	12/05/2022	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	12/05/2022	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee to Elect Obeso-Martinez for Imperial City Council 2022	I.D. NUMBER 1454439
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS 1200 Main Street	El Centro	CA	92243	

4. Type of Committee Complete the applicable sections.

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Ida Obeso-Martinez	Imperial City Council 2022	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

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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