Statement of C Recipient Com					D JSV Date	Stamp	CALIFO	DESCRIPTION OF A 100 PR ST 100
tatement Type	 ✓ Initial ○ Not yet qualified or Ø Date qualification threshold met 10 / 23 / 2022 	☐ Amendment Date qualification threshold me	et 🗆	Termination – See Part 5	PE @ 3	2022 D	F	or Official Use Only
1. Committee	e Information I.D. Numbe	er	-	2. Treasurer and	Other Princ	ipal Officer	'S	1.44
NAME OF COMMITTEE	(4 opportunity			NAME OF TREASURER				ACTUAL CONTINUES CONTINUES AND ACTUAL CONTINUES CONTINUE
Committee to E	lect Stacy Mendoza for Imperial	City Council 2022		Stacy Mendoza				
				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O	BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
				Imperial		CA	92251	
CITY	STATE ZIF C	ODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURE	R, IF ANY			
Imperial	CA 92	251		N/A				
FULL MAILING ADDRESS	(IF DIFFERENT)			STREET ADDRESS (NO P.O. BOX) N/A				
E-MAIL ADDRESS (REQUIR	RED) / FAX (OPTIONAL)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
stacymendoza20	019@yahoo.com			N/A				
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S))			
Imperial	Imperial			N/A				
	•			STREET ADDRESS (NO P.O. BOX)				
				N/A				
Attach additiona	al information on appropriately la	beled continuation sheets.		CITY		STATE	ZIP CODE	AREA CODE/PHONE
				N/A				
3. Verificatio	n				Se Paris Age			
I have used all re	easonable diligence in preparing	this statement and to the he	oct o	f my knowledge the informa	ation contained	herein is true	e and complet	e I certify under
	ry under the laws of the State of				acion contamed	nereni is trui	e and complet	e. reertily under
	0/23/22 By	Staten M	01	doson	·			
Executed on	5/23/20 By St	acu omos	va	ING OF CEHOLDER OR ASSISTANT TREASU		,		
Executed on	DATE By	SIGNATURE OF CON	ITROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT			
Executed on	By							

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

Statement of Organization Recipient Committee

Committee to Elect Stacy Mendoza for Imperial City Council 2022

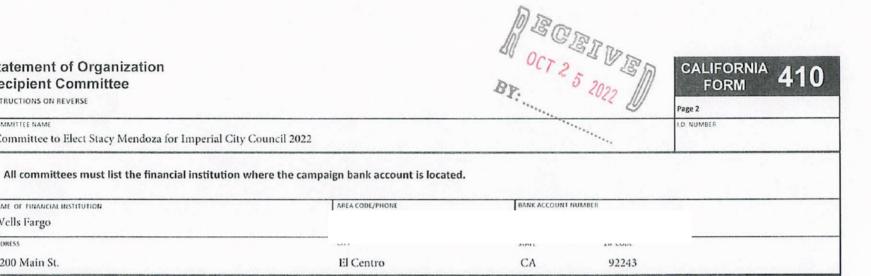
4. Type of Committee Complete the applicable sections.

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Wells Fargo ADDRESS

1200 Main St.



Controlled Committee

NAME OF FINANCIAL INSTITUTION

- · 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

AREA CODE/PHONE

El Centro

· 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	PART		
Stacy Mendoza	Imperial City Council	2022	Nonpartisan	Partisan	(list political party below)
N/A	N/A		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) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT OPPOSE N/A N/A SUPPORT OPPOSE N/A N/A

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME



CALIFORNIA 410

Page 3

I.D. NUMBER

General Purpose Committ	Not formed to support or opp	oose specific candidates or measures COUNTY Committee	in a single election. Check only one bo STATE Committee	c
ROVIDE BRIEF DESCRIPTION OF ACTIV	ITY			
N/A				
Sponsored Committee	List additional sponsors on an attac	hment.		
AME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION	OF SPONSOR	
N/A		N/A		
N/A		CITY	STATE ZIP CODE	AREA CODE/PHONE
	ND STREET	CITY	STATE ZIF CODE	
	ND STREET		SIME ZIFEODE	

- 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 (Recipient Con	Date Stamp	DRNIA 410				
Statement Type	✓ Initial ○ Not yet qualified or Ø Date qualification threshold met	Date qualification threshold met	☐ Termination – See Part 5 Date of termination		FOR	or Official Use Only
1. Committe	e Information I.D. Numb	er	2. Treasurer and Oth	ner Principal Officer	S	
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER			
Committee to F	Elect Stacy Mendoza for Imperial	City Council 2022	Stacy Mendoza			
Committee to is	sect stacy wiendoza for imperiar	City Council 2022	10.1			
			STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O	a povi					
621 N C St	3. BOX)		In a mini	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE ZIP	CODE AREA CODE/PHONE	Imperial NAME OF ASSISTANT TREASURER, IF AN	CA	92251	
Imperial		2251	N/A	*		
	FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO PO. BOX)			
			N/A			
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
stacymendoza2	019@yahoo.com		N/A			
COUNTY OF DOMICILE	JURISDICTION WHERE CO.	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Imperial	Imperial		N/A			
			STREET ADDRESS (NO P.O. BOX)			
			N/A			
Attach addition	al information on appropriately le	abeled continuation sheets	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	and appropriately in	Delea communici sincers.	N/A			
3. Verificatio	n					
		this statement and to the hou	t of my knowledge the information			
	rry under the laws of the State of			contained nerein is true	e and complete	e. Teertify under
1.	0/33/20	Maria mon	and Dan			
Executed on/	DATE BY	stacy 1	SNATURE OF TREASURER OR ASSISTANT TREASURER			
Executed on/	0/23/20	to all mon	disa			
Executed on	DATE DY SE	SIGNATURE OF CONTR	ROLLING OF CEHOLDER, CANDIDATE, OR STATE MEASU	RE PROPONENT		
Executed on	By	U				
	DATE	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASU	RE PROPONENT		
Executed on	рать					

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 2	
I.D. NUMBER	of the Elson of

COMMITTEE NAME	I.D. NUMBER			
Committee to Elect Stacy Mendoza for Imperia	The Control of the Control			
The state of the s				
All committees must list the financial institu	ition where the campaign bank account is locate	ed.		
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER	
Wells Fargo				
ADDRESS	спу	STATE	ZIP CODE	
1200 Main St.	El Centro	CA	92243	
4. Type of Committee Complete the a	pplicable 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	(INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR' CHECK		
Stacy Mendoza	Imperial City Council	2022	Nonpartisan	Partisan	(list political party below)
N/A	N/A		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

N/A	N/A	SUPPORT	OPPOSE
N/A	N/A	SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

FORM 410

Page 3

4. Type of Committee	(Continued)					
General Purpose Committee	Not formed to support or oppos	se specific candidates or measures in COUNTY Committee	a single election. Chec			
ROVIDE BRIEF DESCRIPTION OF ACTIVITY						
N/A						
Sponsored Committee List a	dditional sponsors on an attachn	nent.				
AME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF	SPONSOR			10
N/A		N/A				
TREET ADDRESS NO. AND STREE		CITY	STATE	ZIP CODE	AREA CODE/PHONE	
N/A						
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;
- · 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.