	NECELVEN
Statement of Organization Recipient Committee	AUG 1 0 2022 CALIFORNIA 410
Statement Type Initial Not yet qualified or Date qualification threshold met Date qualification threshold.	
1. Committee Information I.D. Number	2. Treasurer and Other Principal Officers
Committee to Elect Obeso-Martine for Imperial City Council 2022	
CHY SIAIE ZIPLUDE AREACUDE/I	CITY STATE ZIP CODE AREA CODE/PHONE EL CATTRO CA 92243 THUNE NAME OF ASSISTANT TREASURER, IF ANY
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Ida for imperial a grait com	CITY STATE ZIP CODE AREA CODE/PHONE
I M PEN CL	NAME OF PRINCIPAL OFFICER(S) PLISCILL STREET ADDRESS IND BO BOX1
Attach additional information on appropriately labeled continuation she	ets. TMPBRIAC
3. Verification	
penalty of perjury under the laws of the State of California that the fore	ne best of my knowledge the information contained herein is true and complete. I certify under going is true and complete.
Executed on 8/9/2002 By March (a March 19/2002)	SIGNATURE OF TREASURER OR ASSISTANT THEASURER
Executed on By	OF CONTROLLING DEFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on By	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization Recipient Committee

CALIFORNIA 410

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NSTRUCTIONS ON REVERSE				Page 2		
COMMITTEE AME	KETINEZ FOR INGE	eral City Co	DUXI 2022	I.D. NUMBER		M.
All committees must list the financial institution where the ca	mpaign bank account is located.					
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUM	NER .			-
Wells FARGO					1	
1200 Main St. El	CENTRO	CA	9224	3		
 Type of Committee Complete the applicable sections. 				45,45,41		
Controlled Committee						
 also list the elective office sought or held, and district number, List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee 	e is affiliated or check "nonpartisan. e, list the name and identification nu	imber of the other cor	ntrolled committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OF (INCLUDE DISTRICT NUMBER IF A		T F SIN I			
Ida Obeso-MARTINEZ	TMOREIGI City	COUNCIL 20	Nonpartisan	Partisan	(list political par	rty below)
	77.70		Nonpartisan	Partisan	(list political par	rty below)
Primarily Formed Committee Primarily formed to support or of Candidate(s) NAME OR MEASURE(s) FULL TITLE (INCLUDE BALLOT NO. OR LE' IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		res in a single election FFICE SOUGHT OR HELD OR N DISTRICT NO., CITY OR COUN	MEASURE(S) JURISDICTIO	DN	CHECK	ONE
			V		SUPPORT	OPPOSE
					Lilling .	
	110				SUPPORT	OPPOSE

Statement of Recipient Cor	Organization			Date Stamp	CALIFORNIA 440
Statement Type	☑ Initial Not yet qualified	☐ Amendment	☐ Termination - See Part 5	CEIVEN	FORM 410
	O Date qualification threshold me		Date of termination	G 1 0 2022 ₩	
The second secon	E Intimination I.D. Numb	er		Since thousaped Oxiden	
NAME OF COMMITTEE	[if applicable]		NAME OF TREASURER	Anna a anatolista Asharitta	
for Impen	ttee to Elect OI al City Council 20	peso-Martinez	MARIA FALL STREET ADDRESS (NO P.O. BOX)	2100EZ - CA	1/dEEA
STREET ADDRESS (NO P.O.					
Lar	STATE ZIP	ODE AREA CODE/PHONE	El CENTRO	CA-	92243 -
FULL MAILING ADDRESS (I	E DICECDENTI				
	e as above		STREET ADDRESS (NO P.O. BOX)	4.1	
ida for	imperal a girai	com	CITY	STATE	ZIP CODE AREA CODE/PHONE
1 m pen	CUL JURISDICTION WHERE COM	MITTEE IS ACTIVE	HAME OF PRINCIPAL OFFICER(S)	1/20 M	225-1
			STREET ADDRESS (NO P.O. BOX)	JONOME	0000
Attach additional	information on appropriately la	beled continuation sheets.	CITY	STATE	ZIPCODE
is. Westighter grant or s			- SMPORIAC	CA.	92251
I have used all rea	sonable diligence in preparing t	bis statement and to the best of	f my knowledge the information	contained herein is tour	
penalty of perjury	under the laws of the State of	alfornia that the foregoing is t	and and conget.	contained fieldin is true a	na complete. I certify under
executed on	9-9-2022 By - 17	wire and signal	TURE OF TREASURE TO ASSISTANT TREASURE TO	30	
Executed on	-9-2022 By	Duchte,"	1 11. 116	Me-	
Executed on	DATE By	/	ING OFFICEROLDEN, CANDIDATE, DIESTATE MEASU		
Executed on	Ev	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEASU	IRE PROPONENT	
	DATE	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE MEASU	PRE PROPONENT	

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Statement of Organization Recipient Committee



CALIFORNIA 410

EXECUTIONS ON REVERSE

BY:

Page 2

LD. NUMBER

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LD. NUMBER

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

AREA CODE/PHONE

BANK ACCOUNT NUMBER

CONTrolled Committee

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	PAR'			
Ida Obese-MARTINEZ	Imperial City Counc	1/2022	Nonpartisan	Partisan	(list political p	orty below)
		/	Nonpartisan	Partisan	(list political pa	rty below)
rimarily Formed Committee Primarily formed to support or opport or	oose specific candidates or measures in a single e	election. List	below:			
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	R) CANDIDATE(S) OFFICE SOUGHT OR I (INCLUDE DISTRICT NO., CITY	OR COUNTY, AS	RE(S) JURISDICTIC APPLICABLE)	ON	CHECK	ONE
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	and the state of t	HELD OR MEASUF OR COUNTY, AS A	RE(S) JURISDICTIC APPLICABLE)	DN .	CHECK	ONE

Rejected: Returned: Statement of Organization Date Stamp **Recipient Committee** he office of the Secretary of Sta me officer official use of the Secretary of State FORM of the State of California Statement Type | Initial ☐ Amendment Termination - See Part 5 of the State of California O Not yet qualified AUG 29 2022 SEP 19 2022 KMP Date qualification threshold met Date qualification threshold met Date of termination , 2022 I.D. Number NAME OF COMMITTEE NAME OF TREASURER 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 STATE ZIP CODE AREA CODE/PHONE El Centro CA 92243 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CA Imperial 92251 **FULL MAILING ADDRESS (IF DIFFERENT)** TREET ADDRESS (ND P.O. BOX) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) CITY STATE ZIP CODE AREA CODE/PHONE 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) CITY STATE ZIP CODE AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets. Imperial CA 92251 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. 08/26/2022 Executed on DATE 08/26/2022 Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

08/26/2022

Executed on

Executed on

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Statement of Organization **CALIFORNIA** Recipient Committee **FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Committee to Elect Obeso-Martinez for Imperial City Council 2022 All committees must list the financial institution where the campaign bank account is located. BANK ACCOUNT NUMBER NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE Wells Fargo Bank ADDRESS ZIP CODE 1200 Main Street El Centro CA 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. YEAR OF ELECTIVE OFFICE SOUGHT OR HELD PARTY NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK ONE Partisan (list political party below) Nonpartisan Imperial City Council 2022 Ida Obeso-Martinez 2022 (list political party below) Partisan Nonpartisan Primarily formed to support or oppose specific candidates or measures in a single election. List below: Primarily Formed Committee CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION 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. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT OPPOSE SUPPORT OPPOSE

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FPPC Advice:

Statement of (Recipient Con				Date Stamp	CALIFORNIA 410
tatement Type	☐ Initial O Not yet qualified or O Date qualification threshold me	Date qualification threshold met	✓ Termination – See Part 5 Date of termination 11 / 30 / 2022	RECEIVED DEC 2 8 2022	For Official Use Only
	e Information I.D. Numb	er 1454439	2. Treasurer and C	Other Principal Officer	S
Committee to E	llect Obeso-Martinez for Imperia	l City Council 2022	Maria Enriquez-Calde	era	
STREET ADDRESS (NO P.O	2. BOX)	NATIONAL CONTRACTOR AND AND ASSESSMENT OF THE STATE OF TH	CITY	STATE	ZIP CODE
			El Centro	CA	92243
CITY		CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, I	FANY	200000000000000000000000000000000000000
Imperial		2251 760-791-2833			
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (ND P.O. BOX)		
e-mail address (requi	AND A COUNTY OF THE PARTY OF TH		спу	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE CO	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)		
Imperial	VII ₂		Priscill Jenell Obeso		
			STREET ADDRESS (NO P.O. BDX)		
			CITY	STATE	ZIP CODE
Attach addition	al information on appropriately	abeled continuation sheets.	Imperial	CA	92251
3. Verification	nn.				
penalty of perjunctions in the penalty of penalty of perjunctions in the penalty of penalty	reasonable diligence in preparing in under the laws of the State of th	California that the foregoing ACO OMAG Sylvathe or con Land ACO Sylvathe or con	is true and correct. HOLAUME OF TREASURER OR ASSISTANT TREASURE TRACKING OF TREASURER AND DATE, OR STATE M TROILING OFFICEHOLDER, CANDIDATE, OR STATE M	ER EASURE PROPONENT	and complete. I certify under
Executed on	DATE By	SIGNATURE OF CON	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE M	SEASURE PROPONENT	

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE

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FORM	410	

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COMMITTEE NAME				I.D. NUMBER	
Committee to Elect Obeso-Martinez for Imperial C	ity Council 2022			1454439	
All committees must list the financial institution	n where the campaign bank account is locate	d.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER		
Wells Fargo Bank	3				
ADDRESS		SIMIE	ZIF CODE		
1200 Main Street	El Centro	CA	92243		
4. Type of Committee Complete the appli	cable 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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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PART			
Ida Obeso-Martinez	Imperial City Council 2022	2022	Nonpartisan	Partisan	(list political pa	rty below)
			Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee Primarily formed to support or or	oppose specific candidates or measures in a sing	le election. List	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	[18] (18] (18] (18] (18] (18] (18] (18] (ON	CHECK	ONE
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