

DATE STAMP  
**RECEIVED**  
 MAY 05 2022  
 By \_\_\_\_\_

Date Stamp  
 Page 1 of 7  
 For Official Use Only

Date of election if applicable:  
 (Month, Day, Year)  
 \_\_\_\_\_  
 06/07/2022

Statement covers period  
 from 1/1/2022  
 through 4/28/2022

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall (Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee  
 Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored (Also Complete Part 6)  
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement (Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER: 1446046

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):  
Committee to Elect Edgard Garcia for Imperial County District Attorney

Treasurer(s)

NAME OF TREASURER: \_\_\_\_\_

Arezoo Garcia  
 MAILING ADDRESS: \_\_\_\_\_

527 S. 4th Street  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: (916) 926-7660

EI Centro  
 NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS: \_\_\_\_\_

760-370-0113 / edgardgarcialaw@gmail.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 5/1/22 Date \_\_\_\_\_  
 By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

Executed on 5/1/22 Date \_\_\_\_\_  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM  
**460**

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### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

Edgard Garcia  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

Imperial County District Attorney  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

527 S. 4th Street \_\_\_\_\_ El Centro \_\_\_\_\_ CA \_\_\_\_\_ 92243

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME _____	I.D. NUMBER _____
NAME OF TREASURER _____	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P.O. BOX) _____
CITY _____	STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
COMMITTEE NAME _____	I.D. NUMBER _____
NAME OF TREASURER _____	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS _____	STREET ADDRESS (NO P.O. BOX) _____
CITY _____	STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE \_\_\_\_\_

BALLOT NO. OR LETTER _____	JURISDICTION _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE _____	OFFICE SOUGHT OR HELD _____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 1/1/2022  
through 4/28/2022

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I.D. NUMBER  
1446046

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Edgard Garcia

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>297</u>	<u>297</u>
2. Loans Received .....	Schedule B, Line 3 <u>11817</u>	<u>11817</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>12114</u>	<u>12114</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>12114</u>	<u>12114</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received \$	\$	\$
21. Expenditures Made \$	\$	\$

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>11817</u>	<u>11817</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>11817</u>	<u>11817</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>11817</u>	<u>11817</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>06 / 07 / 22</u>	\$ <u>11817</u>
<u>    /    /    </u>	\$ <u>    </u>

\*Amounts in this section may be different from amounts reported in Column B.

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>0</u>
13. Cash Receipts .....	Column A, Line 3 above <u>12114</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>
15. Cash Payments .....	Column A, Line 8 above <u>11817</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>297</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
18. Cash Equivalents .....	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>11817</u>

## Cash Equivalents and Outstanding Debts

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

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Statement covers period from 1/1/2022 through 4/28/2022

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Edgard Garcia

I.D. NUMBER

1446046

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>		

## Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 297
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 297**

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

(a) FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(b) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(c) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(d) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(f) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(h) ORIGINAL AMOUNT OF LOAN	(i) CUMULATIVE CONTRIBUTIONS TO DATE
Edgard Garcia 527 S. 4th Street El Cerrito, CA. 92243	Attorney The Law Office of Edgard Garcia	\$ 0	\$ 11817	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 11817 DATE DUE _____	% RATE	\$ DATE INCURRED	\$ 11817 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	% RATE	\$ DATE INCURRED	\$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 0	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	% RATE	\$ DATE INCURRED	\$ _____ PER ELECTION**
<b>SUBTOTALS \$</b>		\$	\$	\$	\$ 11817	\$	\$	\$

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 11817  
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 11817**  
 Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

**Schedule E Payments Made**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2022 through 4/28/2022

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I.D. NUMBER  
1446046

Edgard Garcia

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |
|-----|---|-----|---|
| MBR | member communications                     | RAD | radio airtime and production costs                        |
| MTG | meetings and appearances                  | RFD | returned contributions                                    |
| OFC | office expenses                           | SAL | campaign workers' salaries                                |
| PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| PRO | professional services (legal, accounting) | VOT | voter registration  |
| PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KXO RADIO STATION 420 W. MAIN STREET EL CENTRO, CA. 92243	RAD			4440
IMPERIAL COUNTY OFFICE OF REGISTRAR VOTERS 940 W. MAIN ST. STE 206 EL CENTRO, CA. 92243	FIL			2137
JERRY GANA 1105 MAGNOLIA ST BRAWLEY, CA. 92227			LABOR AND EQUIPMENT FOR SGINS	2100
			<b>SUBTOTAL \$</b>	8677

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 11753
- Unitemized payments made this period of under \$100 ..... \$ 64
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 11817

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 1/1/2022  
through 4/28/2022

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1446046

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Edgard Garcia

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

AMERICAN CITIZEN CLUB  
890 B. STREET  
BRAWLEY, CA. 92227

LIZANDRO ESCOBOSA  
2672 ROSS AVE.  
EL CENTO, CA. 92243

SUPER CHEAP SIGNS  
9200 Waterford Centre Blvd #100  
Austin, TX 78758

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN CITIZEN CLUB 890 B. STREET BRAWLEY, CA. 92227			INFORMATIONAL BOOTH PARTICIPATION	150
LIZANDRO ESCOBOSA 2672 ROSS AVE. EL CENTO, CA. 92243	CMP			1000
SUPER CHEAP SIGNS 9200 Waterford Centre Blvd #100 Austin, TX 78758	CMP			786
<b>SUBTOTAL \$</b>				<b>1936</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.