

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA  
FORM  
460**

Page 1 of 7  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/2022</u> through <u>04/23/2022</u>	Date of election if applicable: (Month, Day, Year) <u>06/07/2022</u>	Date Stamp <b>RECEIVED APR 29 2022</b>
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**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**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

I.D. NUMBER  
1358660

**Treasurer(s)**

NAME OF TREASURER  
ROBERT MENVIELLE

MAILING ADDRESS  
2047 WILLOW DRIVE

P.O. BOX 693

CITY  
EL CENTRO

STATE  
CA

ZIP CODE  
92244

AREA CODE/PHONE  
(760) 562-1591

NAME OF ASSISTANT TREASURER, IF ANY  
LISA YTURRAIDE

MAILING ADDRESS  
6475 REBECCA STREET

P.O. BOX 693

STATE  
CA

ZIP CODE  
92243

AREA CODE/PHONE  
(619) 863-8083

OPTIONAL: FAX / E-MAIL ADDRESS  
rfmenvielle@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 04/28/2022 Date  
 Executed on 04/28/2022 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_  
 Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
ROBERT MENVIELLE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
IMPERIAL COUNTY ASSESSOR

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2047 WILLOW DRIVE 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  SUPPORT  OPPOSE

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

CALIFORNIA FORM 460

Statement covers period from 01/01/2022 through 04/23/2022

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

I.D. NUMBER 1358660

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 0.00	\$ 0.00
2. Loans Received.....	Schedule B, Line 3 \$ 5250.00	\$ 5250.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 5250.00	\$ 5250.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 5250.00	\$ 5250.00

## 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 \$ 5117.00	\$ 5117.00
7. Loans Made.....	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 5117.31	\$ 5117.31
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 5117.00	\$ 5117.00

## 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 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

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).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

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

12. Beginning Cash Balance.....	Previous Summary, Page, Line 16 \$ 144.39
13. Cash Receipts.....	Column A, Line 3 above \$ 5250.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ 0.00
15. Cash Payments.....	Column A, Line 8 above \$ 5117.31
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 277.08

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0.00

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 7/1/2021  
through 12/31/2021

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

I.D. NUMBER  
1358660

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				
<b>SUBTOTAL \$</b>						

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0.00

\*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

# Schedule B - Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2022  
through 04/23/2022

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NAME OF FILER

I.D. NUMBER

COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

1358660

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ROBERT MENVIELLE 2047 WILLOW DRIVE EL CENTRO, CA 92243	COUNTY ASSESSOR IMPERIAL COUNTY	\$ 56,066.92	\$ 5,250.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	PERCENT RATE	DATE INCURRED	CALENDAR YEAR \$ 61,316.92 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	PERCENT RATE	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	PERCENT RATE	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	DATE DUE	PERCENT RATE	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

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

- Schedule B Summary**
- Loans received this period ..... \$ 5,250.00  
(Total Column (b) plus unitemized loans of less than \$100.)
  - Loans paid or forgiven this period ..... \$ 0.00  
(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 \$ 5,250.00**  
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  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2022  
through 04/23/2022

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

I.D. NUMBER

1358660

**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  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOI | 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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Rabobank</b> BANK CARD P.O. BOX P.O. BOX 60507 CITY OF INDIANAPOLIS IN 46204-0507			PMT ON 2014 CAMPAIGN EXP.	352.00
CAPITAL ONE GM CARD P.O. BOX 60507 CITY OF INDIANAPOLIS IN 46204-0507			PMT ON 2014 CAMPAIGN EXP.	212.00
CALIFORNIA SECRETARY OF STATE 1500 11TH ST. - RM 495 SACRAMENTO CA 95814			2022 ANNUAL COMMITTEE FILING FEE	50.00
<b>SUBTOTAL \$ 614.00</b>				

\* 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.) ..... \$ 5,117.31
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 5,117.31**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2022 through 04/23/2022	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2014

I.D. NUMBER  
1358660

**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  | TSF 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)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial County Registrar of Voters 940 W. Main Street, Suite 206 P.O. Box 100000 CA 92543			2022 candidate filing fees	1,120.31
Imperial County Registrar of Voters 940 W. Main Street, Suite 206 P.O. Box 100000 CA 92543			2022 Candidate Statement	300.00
Reliance Public Relations 1850 W. Main Street P.O. Box 100000 CA 92543			Consulting	3,000.00
U.S. Postal Service El Centro, CA 92243			Post Office Box Rental	83.00

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

**SUBTOTAL \$ 4,503.31**