

Recipient Committee Campaign Statement Cover Page

CALIFORNIA 460
FORM

Page: 1 of 8
For Official Use Only

Date Stamp

RECEIVED
JUN 02 2022

Date of election if applicable:
(Month, Day, Year)

JUNE 7, 2022

Statement covers period

from APRIL 24, 2022

through MAY 24, 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
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 5)
- Primary 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: 1438387

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): COMMITTEE TO RE-ELECT RAYMOND R. CASTILLO
Imperial County Supervisor District 5.

STREET ADDRESS (NO P.O. BOX): 608 OLIVE AVE
CITY: Holtville STATE: Calif ZIP CODE: 92250 AREA CODE/PHONE: _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P O Box 1056
CITY: EC Centro STATE: CA ZIP CODE: 92244 AREA CODE/PHONE: _____

OPTIONAL: FAX / E-MAIL ADDRESS: _____

Treasurer(s)

NAME OF TREASURER: LOUISA SALCEDA

MAILING ADDRESS: 1335 RIVERVIEW AVE 760-909-0155
CITY: EC Centro STATE: CALIF ZIP CODE: 92243 AREA CODE/PHONE: _____

NAME OF ASSISTANT TREASURER, IF ANY: RAYMOND CASTILLO

MAILING ADDRESS: P O Box 1056
CITY: EC Centro STATE: CALIF ZIP CODE: 92244 AREA CODE/PHONE: _____

OPTIONAL: FAX / E-MAIL ADDRESS: raymond.castillo@yahoo.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 6/1/2022 Date
By Louisa Salceda Signature of Treasurer or Assistant Treasurer

Executed on 6/1/2022 Date
By Raymond Castillo 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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Raymond R. Castillo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial County Supervisor Dist 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
678 Olive Ave Holtville CA 92250

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
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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 PERIOD
Statement covers period
from 4/24/2022
through 5/24/2022

PAGE
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NAME OF FILER
Raymond R. Castillo
I.D. NUMBER
1438387

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>2594</u>	\$ <u>12,374</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>2594</u>	\$
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>2594</u>	\$ <u>12,374</u>

Expenditures Made

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>5523.71</u>	\$ <u>11,796.59</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5523.71</u>	\$ <u>11,796.59</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5523.71</u>	\$ <u>11,796.59</u>

Current Cash Statement

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>3,589.12</u>	\$
13. Cash Receipts..... Column A, Line 3 above	\$ <u>2,594.00</u>	\$
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>5,523.71</u>	\$
15. Cash Payments..... Column A, Line 8 above	\$ <u>6,592.29</u>	\$
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5,114.54</u>	\$

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

Cash Equivalents and Outstanding Debts

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$	\$
18. Cash Equivalents..... See instructions on reverse	\$	\$
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$	\$

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	\$	\$

Expenditure Limit Summary for State Candidates

	Date of Election (mm/dd/yy)	Total to Date
22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)		\$
		\$

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

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).

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period
from 4/24/2022
through 5/24/2022

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NAME OF FILER Raymond R Castillo I.D. NUMBER 1438387

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)
5/16/2022	Hell's Kitchen GEOTHORMAL LLC 3205 S. Dogwood St B EC CENTRO CA 92093	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LLC HELL'S KITCHEN JAMES TURNER	\$499	\$499	
5/4/2022	Rodriguez Rabago Lomez 6940 OXAY MESA RD SAN DIEGO CALIF 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanics RABAGO LLC	\$200	\$200	
5/4/2022	WDF Services LLC PO Box 5451 CALIFORNIA CA 92232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WDF LLC	\$200	\$200	
4/30/2022	JOSE RABAGO 506 WALDRER TRL SAN ANTONIO TX 78280	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RABAGO Entrepreneurs	\$200	\$200	
4/15/2022	Alfredo Gutierrez 10709 Larch Ave Bloomington CA 92316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Business RABAGO ENTREPRENEUR	\$200	\$200	
SUBTOTAL \$				1299		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 4/24/2022 through 5/24/2022

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NAME OF FILER: Raymond R. Castillo I.D. NUMBER: 1438387

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)
4/30/2022	DAVID RABAGO 6944 OTAY MESA RD SAN DIEGO CALIF 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accounts Mgr RABAGO LLC	\$200	\$200	
4/30/2022	MANUEL RABAGO CORNEJO 1502 ARTISAN WAY SAN ANTONIO TX 78260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER Auto Discontinuing	\$200	\$200	
4/30/2022	ESTEBAN GUTIERREZ 11590 BOSTICK AVE CULTON CALIF 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER Culton Auto DISMANTLER	\$200	\$200	
5/18/22	VENGR Public Affairs 689 KITTY HAWK CT IMPERIAL CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	F SALAZAR Public Affairs Consulting	\$200	\$200	

SUBTOTAL \$ 800

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/24/22
through 5/24/22

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FORM

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Raymond R. Castillo

I.D. NUMBER

1438387

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
<i>GERALD GAUBA 1110 MAGNOLIA ST. BRAWLEY CALIF 92227</i>	<i>SAC</i>		<i>Check # 718 Sign Incentive Brawley Calif</i>	<i>\$600</i>
<i>ACC Club Brawley 890 B Street Brawley</i>	<i>CVC</i>		<i>Check # 717</i>	<i>\$150</i>
<i>IMPERIAL PRINTING 430 W. MAIN ST. FC CENTER CALIF 92247</i>	<i>CMP</i>		<i>Check # 716</i>	<i>\$444</i>

SUBTOTAL \$ 834.44

* 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.) \$ 5523
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 5523**

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

Statement covers period
from 4/24/22
through 5/24/22

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FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Raymond R. Castillo

I.D. NUMBER

1438389

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
<u>RRC: DIANNA DAVITA</u>	<u>SAC</u>		<u>Check # 719</u>	<u>\$250.00</u>
<u>595 NEIL</u>				
<u>EC CENTRO CALIF 92293</u>	<u>CMP</u>		<u>Check # 720</u>	<u>\$433</u>
<u>APL SPORTS INTERNATIONAL</u>				
<u>225 HOFFERMAN</u>				
<u>CALIFORNIA CALIF</u>	<u>RAD</u>		<u>Check # 721</u>	<u>\$1,440</u>
<u>12X0 RADIO ST.</u>				
<u>420 MAIN ST.</u>				
<u>EL CENTRO CALIF 92293</u>	<u>SAC</u>		<u>Check # 722</u>	<u>\$1,660</u>
<u>RRC: DIANNA DAVITA</u>				
<u>595 NEIL</u>				
<u>EC CENTRO CALIF 92293</u>	<u>RAD</u>		<u>Check # 723</u>	<u>\$500</u>
<u>VISION MARKETING SALES</u>				
<u>CALIFORNIA CALIF 92293</u>				

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

SUBTOTAL \$ 3623

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Raymond R. Castillo

Statement covers period
from 4/24/22
through 5/24/22

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I.D. NUMBER

1438387

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
<i>Roy Dorantes 1225 Rancho Frontera CALIFORNIA 92231</i>	<i>RAD</i>		<i>check # 724</i>	<i>\$250.00</i>
<i>Roy Dorantes 1225 Rancho Frontera CALIFORNIA 92231</i>	<i>RAD</i>		<i>check # 725</i>	<i>\$150.00</i>
<i>KXO Radio 420 West Main EUCLINTON CALIF</i>	<i>RAD</i>		<i>check # 27</i>	<i>\$500.00</i>
<i>Sports International 225 Northern CALIFORNIA 92231</i>	<i>CMP</i>		<i>check # 29</i>	<i>\$166</i>

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

SUBTOTAL \$ 1066