

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

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For Official Use Only

Date Stamp



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

June 7, 2022

Statement covers period
from January 1, 2022

through May 27, 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
1448476

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Ramon Castro for Imperial Irrigation district Division 3 2022

Treasurer(s)

NAME OF TREASURER

Raymond Gonzalez

MAILING ADDRESS

856 Spruce Ct

CITY

Brawley

STATE

CA

ZIP CODE

92227

AREA CODE/PHONE

(760)597-6900

NAME OF ASSISTANT TREASURER, IF ANY

76

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

info@ramoncastroiid.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 May 27, 2022 Date

Executed on May 27, 2022 Date

Executed on _____ Date

Executed on _____ Date

By Paul Castro
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**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ramon Castro

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Division 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
888 Cherry Ct Brawley CA 92227

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 January 1, 2022
through May 27, 2022

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1448476

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 5499.00	\$ 5499.00
2. Loans Received	4681.18	4681.18
3. SUBTOTAL CASH CONTRIBUTIONS	10180.18	10180.18
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	9424.20	9424.20

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 9424.20	\$
21. Expenditures Made	\$ 6337.20	\$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ 7093.18	\$ 7093.18
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	7093.18	7093.18
9. Accrued Expenses (Unpaid Bills)	1400.00	1400.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	8493.18	8493.18

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ 7093.18	\$ 7093.18
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	7093.18	7093.18
9. Accrued Expenses (Unpaid Bills)	1400.00	1400.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	8493.18	8493.18

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 9424.20	\$
21. Expenditures Made	\$ 6337.20	\$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance	\$ 0.00	\$ 0.00
13. Cash Receipts	10180.18	10180.18
14. Miscellaneous Increases to Cash	0.00	0.00
15. Cash Payments	7093.18	7093.18
16. ENDING CASH BALANCE	3087	3087

Current Cash Statement

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	\$ 7093.18	\$ 7093.18
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	7093.18	7093.18
9. Accrued Expenses (Unpaid Bills)	1400.00	1400.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	8493.18	8493.18

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 9424.20	\$
21. Expenditures Made	\$ 6337.20	\$

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance	\$ 0.00	\$ 0.00
13. Cash Receipts	10180.18	10180.18
14. Miscellaneous Increases to Cash	0.00	0.00
15. Cash Payments	7093.18	7093.18
16. ENDING CASH BALANCE	3087	3087

Loan Guarantees Received

17. LOAN GUARANTEES RECEIVED	\$ 0.00	\$ 0.00
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20. Contributions Received	\$ 9424.20	\$
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17. LOAN GUARANTEES RECEIVED	\$ 0.00	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00	\$ 0.00
19. Outstanding Debts	\$ 1400.00	\$ 1400.00

20. Contributions Received	\$ 9424.20	\$
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18. Cash Equivalents	\$ 0.00	\$ 0.00
19. Outstanding Debts	\$ 1400.00	\$ 1400.00

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
/ /	\$
/ /	\$

*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 Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from January 1, 2022
through May 27, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ramon Castro for Imperial Irrigation District Division #, 2022

I.D. NUMBER

1448476

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)
May 27, 2022	California Correctional Peace Officers Association Local PAC ID #960532 1121 L Street, Suite 200 Corcoran, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4900	\$4900	
May 1, 2022	Daniel Nunez 2455 Earhart Ave. Imperial, CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Brawley Union HSD	\$500.00	\$500.00	
		<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				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5400.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 99.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5499.00

*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

Statement covers period
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Amounts may be rounded
to whole dollars.

**Schedule B - Part 1
Loans Received**

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SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
1448476

NAME OF FILER

Ramon Castro for Imperial Irrigation District Division 3 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Natalie Castro	Realtor RNK Realestate	4681.18	4681.18	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	4681.18	0 %	4681.18	4681.18
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	% _____	\$ _____	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	% _____	\$ _____	CALENDAR YEAR _____ PER ELECTION** _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	% _____	\$ _____	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS \$ \$ \$ \$ \$ \$ \$ \$								

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

Schedule B Summary

- Loans received this period..... \$ 4681.18
(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 \$ 4681.18
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 January 1, 2022 through May 27, 2022

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ramon Castro for Imperial Irrigation District Division 3 2022

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Calxico Sports International 217 Hefferman Ave, Calexico, CA 92231	CMP		4x4 Campaign Signs	\$1500.00
Dennis Gittens 210 F Street Chula Vista, CA	FND		Entertainment	\$1000.00
EM Media 1470 South Imperial Avenue El Centro, CA 92243	CNS		Media, Advertisement, Campaign Material Design	\$2600.00

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

SUBTOTAL \$ 5100

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 7081.18
2. Unitemized payments made this period of under \$100 \$ 12.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7093.18**

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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FORM

Statement covers period
from January 1, 2022
through May 27, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1448476

Ramon Castro for Imperial Irrigation District Division 3 2022

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
County of Imperial 940 W Main St, Suite 206 El Centro, CA 92243	FIL		Filing Fee and Candidate Statement	\$755.98
Francisca Castro 398 N G St Westmoreland, CA	FND		Catering	\$1000.00
Direct to Press, Inc. 7924 Ronson Rd. Suite A San Diego, CA 92111	CMP		Palm Cards	225.20
SUBTOTAL \$				1981.18

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

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

Statement covers period
from January 1, 2022
through May 27, 2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

RamonCastroforImperialIrrigationDistrictDivision3,2022

1448476

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

- | | | | |
|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | RAD | radio airtime and production costs |
| CNS | campaign consultants | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | SAL | campaign workers' salaries |
| CVC | civic donations | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | VOT | voter registration |
| LIT | campaign literature and mailings | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Los Amigos De la Comunidad	CVC		500.00	500.00	0.00	500.00
Hidalgo Society Inc.,	CVC		400.00	400.00	0.00	400.00
Keep Up The Fight Apparel 422 Cool Creek Drive	CMP		500.00	500.00	0.00	500.00
SUBTOTALS \$			1400	\$ 1400	\$ 0	\$ 1400.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 1400.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1400.00