

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA  
FORM **460**

Page 1 of 6  
For Official Use Only

Date Stamp

**RECEIVED**  
MAY 26 2022

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

6/7/22

By \_\_\_\_\_

Statement covers period

from 4/24/22

through 5/19/22

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:

- Prelection 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  
Not Yet Received

Treasurer(s)

NAME OF TREASURER

Christian B. Froelich

MAILING ADDRESS

P.O. Box 295

CITY

Calipatria

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

P.O. Box 295

CITY

Calipatria

STATE ZIP CODE AREA CODE/PHONE

CA 92233 310-570-6101

OPTIONAL: FAX / E-MAIL ADDRESS

marianavafroelich@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 5/25/22 Date

By \_\_\_\_\_

Executed on 5/25/22 Date

By \_\_\_\_\_

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_

*Christian B. Froelich*  
Signature of Treasurer or Assistant Treasurer

*Christian B. Froelich*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

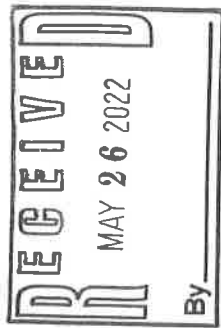
\_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CLEAR FORM

PRINT FORM

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



**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Maria Nava-Froelich**  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Imperial Immigration District Director, Division 3 - 2022**  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**239 E. California Street Calipatria C.A. 92233**

**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?  YES  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?  YES  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 \_\_\_\_\_

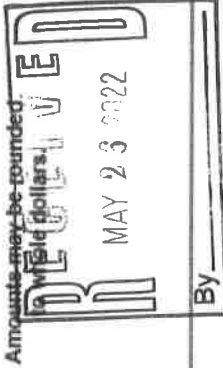
**7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.**

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



SUMMARY PAGE

Statement covers period from 4/24/22 through 5/19/22

CALIFORNIA FORM **460**

Page 3 of 6

I.D. NUMBER Not Yet Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nava-Froelich

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions	Schedule A, Line 3 \$ 5,750	\$ 9,500		
2. Loans Received	Schedule B, Line 3 0	0		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,750	\$ 9,500		
4. Nonmonetary Contributions	Schedule C, Line 3 0	0		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,750	\$ 9,500		

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 5,710	\$ 9,369		
7. Loans Made	Schedule H, Line 3 0	0		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,710	\$ 9,369		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0		
10. Nonmonetary Adjustment	Schedule G, Line 3 0	0		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 5,710	\$ 9,369		

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 91			
13. Cash Receipts	Column A, Line 3 above \$ 5,750			
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0			
15. Cash Payments	Column A, Line 8 above \$ 5,710			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 131			

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

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0
--------------------	------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

## 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
___/___/___	\$ _____
___/___/___	\$ _____

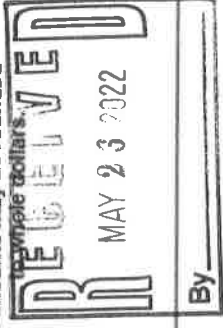
\*Amounts in this section may be different from amounts reported in Column B.

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).

CLEAR FORM

PRINT FORM

**Schedule A  
Monetary Contributions Received**



Statement covers period  
from 4/24/22  
through 5/19/22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nava-Froelich

Page 4 of 6

I.D. NUMBER

Not Yet Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PERELECTION TO DATE <small>(IF REQUIRED)</small>
4/24/22	Christian Froelich 239 E. California St. Calipatria, CA 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Spreckels Sugar Company	\$200	\$150	
4/25/22	Marta Mata 268 E. 6th St. Niland, CA 92257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$200	\$200	
4/29/22	Maria Nava-Froelich 239 E. California St. Calipatria, CA 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director/Coordinator Calipatria Unified School District	\$2,500	\$5,800	
5/3/22	Christian Froelich 239 E. California St. Calipatria, CA 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Spreckels Sugar Company	\$2,750	\$2,900	
5/3/22	Alicia Garcia 330 W. Alamo St. Calipatria, CA 92233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
<b>SUBTOTAL \$ 5,750</b>						

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals) ..... \$ 5,750

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0

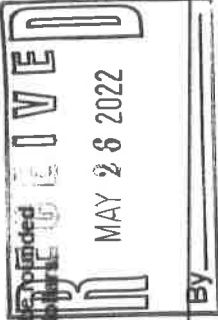
3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 5,750**

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

CLEAR FORM PRINT FORM

# Schedule E Payments Made

Amounts may be rounded  
to whole dollars



SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Maria Nava-Froelich

Statement covers period  
from 4/24/22  
through 5/19/22

Page 5 of 6

I.D. NUMBER

Not Yet Received

**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
Brawley American Citizens Club 890 B Street, Brawley, CA 92227	FND		\$150
Juan Hernandez 530 S. Park Ave., Calipatria, CA 92233	LIT		\$180
U.S. Postal Service 190 W Main St., Calipatria, CA 92233	POS		\$1,650
<b>SUBTOTAL \$ 1,980</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.) \$ 5,710
- Unitemized payments made this period of under \$100 \$ 0
- 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 \$ 5,710**

CLEAR FORM

PRINT FORM

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

SCHEDULE E (CONT.)

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nava-Froelich

Statement covers period  
from 4/24/22  
through 5/19/22

Page 6 of 6

I.D. NUMBER

Not Yet Received

**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
Juan Hernandez 530 S. Park Ave., Calipatria, CA 92233	LIT		\$500
Kaz Bro Design Shop 601 H Street, Brawley, CA 92227	CMP		\$180
Juan Hernandez 530 S. Park Ave., Calipatria, CA 92233	CMP		\$3,000
Fair Political Practices Commission 1102 Q Street, Suite 3000, Sacramento, CA 95811	FIL		\$50

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

**SUBTOTAL \$ 3,730**

