

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

**CALIFORNIA 460  
FORM**

Date Stamp  
**RECEIVED**  
JUN 01 2022

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For Official Use Only

Statement covers period from 01/01/2022 through 06/07/2022

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

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  
1447370

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Hilton W. Smith for Imperial County Sheriff 2022

### Treasurer(s)

NAME OF TREASURER  
Raul Urena

MAILING ADDRESS  
805 E. Rivera Ave.

CITY  
Calexico

STATE  
CA

ZIP CODE  
92231

AREA CODE/PHONE  
7609602455

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
smitty.campaign@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 06/01/2022 Date  
By Raul Urena Signature of Treasurer or Assistant Treasurer

Executed on 06/01/2022 Date  
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

**5. Officeholder or Candidate Controlled Committee**

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

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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

**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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Hilton W. Smith	Imperial County Sheriff	<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 01/01/2022

through 06/01/2022

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilton W. Smith for Imperial County Sheriff 2022

I.D. NUMBER

1447370

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 8989	\$ 8989
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0	\$ 0
4. Nonmonetary Contributions	Schedule C, Line 3 3882	3882
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 12,871	\$ 12,871

## 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 \$ 7,028.21	\$ 7,028.21
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,028.21	\$ 7,028.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 7,028.21	\$ 7,028.21

## Expenditure Limit Summary for State Candidates

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

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0
13. Cash Receipts	Column A, Line 3 above 8989
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 7,028.21
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,960.79

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).

## LOAN GUARANTEES RECEIVED

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

## Cash Equivalents and Outstanding Debts

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2022  
through 06/01/2022

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NAME OF FILER

Hilton W. Smith for Imperial County Sheriff 2022

I.D. NUMBER  
1447370

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)
4/6/2022	James Horn, 23221 Orange Ave Holtville CA 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	\$100.00
4/6/2022	Raul Urena, 805 E. Rivera Ave. Calexico, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Data Analyst, IV Food Bank	\$1344.00	\$1344.00	\$1344.00
4/26/2022	Daniela Flores, 1165 Camino Del Rio Calexico, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Research Associate, Harder+CO	\$500.00	\$500.00	\$500.00
5/3/2022	Robert Holzman 776 Sandalwood Dr. El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed	\$100.00	\$100.00	\$100.00
5/10/2022	Hilton W. Smith 320 Sunset Drive Imperial, CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Sheriff Deputy	\$2,445.00	\$2,445.00	\$2,445.00
<b>SUBTOTAL \$</b>				<b>4,489</b>		

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 8,889

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

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 8,989**

\*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

NAME OF FILER  
**Hilton W. Smith for Imperial County Sheriff 2022**  
I.D. NUMBER  
**1447370**

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	Lisa Solomon, 509 W Magnolia St Brawley, CA 92227-1432	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator, Imperial Valley College	\$400.00	\$400.00	\$400.00
5/17/2022	Vo Medical Center, 1590 S Imperial Ave El Centro, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vo Medical Center	\$1000.00	\$1000.00	\$1000.00
5/17/2022	Planned Parenthood Action Fund of the Pacific Southwest PAC, 400 Capitol Mall, Ste 1545 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3000.00	\$3000.00	\$3000.00
		<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				
<b>SUBTOTAL \$</b>				<b>4,400.00</b>		

\*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 C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2022 through 06/01/2022

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1447370

Hilton W. Smith for Imperial County Sheriff 2022

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/12/2022	Marlene Thomas, 653 W. Olive Ave, El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Chair, IV Social Justice Committee	Package: T-Shirts and banners.	\$3252	\$3252	\$3252
4/26/2022	Raul Urena, 805 E. Rivera Ave. Calexico, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Data Analyst, IV Food Bank	Banners, Yard Signs	\$630	\$630	\$630
		<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>					<b>3882</b>		

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) .....\$ 3882

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 3882

\*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.

## CALIFORNIA FORM 460

Statement covers period from 01/01/2022 through 06/01/2022

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Hilton W. Smith for Imperial County Sheriff 2022

I.D. NUMBER

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**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 Main St, El Centro, CA 92243			County Voter List	\$190.00
Esteban Ojeda, 424 Halcon Ct. Calexico, CA 92231			Photography Services for Campaign KickOff	\$150.00
Advantage Printing Inc.	CMP			\$4,270.25
<b>SUBTOTAL \$</b>				4,610.25

\* 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.) ..... \$ 6,967.64
- Unitemized payments made this period of under \$100 ..... \$ 60.57
- 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 \$** 7,028.21

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**  
FORM

Statement covers period  
from 01/01/2022  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hilton W. Smith for Imperial County Sheriff 2022

I.D. NUMBER

1447370

**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
Gabby Reyes, 779 Maple Ct. Brawley, CA 92227			Graphic Design Services	\$330
Linda Sharp, 215 N. Imperial Ave. El Centro, CA 92243			Accumulated Reimbursement for gas costs	\$250
Kaiowtee Ads, 219 Mazatlan Dr. Imperial, CA 92251	PRT			\$175
Vision Marketing Services, 722 S Imperial Suite 3 Calxico, CA 92231	TEL			\$1,130
Facebook, 1 Hacker Way Menlo Park, CA 94025			Social Media Advertising	172.39

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

**SUBTOTAL \$ 2,057.39**



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **460**  
FORM

Statement covers period  
from 01/01/2022  
through 06/01/2022

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SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER  
**1447370**

**Hilton W. Smith for Imperial County Sheriff 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
Priscilla Lesalle			Graphic Design Services	\$300

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

**SUBTOTAL \$ 300**