| Signature of Controlling Officeholder, Candidate, State Measure Proponent
| Date | Signature of Controlling Officeholder, Candidate, State Measure Proponent
| By Signature of Controlling Officeholder, Candidate, State Measure Proponent
| By Signature of Controlling Officeholder, Candidate, State Measure Proponent
| By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Executed on a

Executed on -

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
- 02 09
Page <u>02</u> of <u>08</u>

NAME OF OFFICEHOLDER OR CANDIDATE Martha Cardenas-Singh OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT OF THE COMMITTEE TO Elect Cardenas-Singh Board of Supplemental Committee to Elect Cardenas-Singh Board of Supplemental Committees (NO, AND STREET) 1767 South 21st. Street Related Committees Not Included in this Statement that are controlled by you	cervisor-2-2024 CITY STATE ZIP El Centro Ca 92243		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling office	JURISDICTIO	ON		SUPPORT
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISCOMMITTED TO ELECT Cardenas-Singh Board of Suppressidential/Business address (No. and Street) 1767 South 21st. Street Related Committees Not Included in this S	cervisor-2-2024 CITY STATE ZIP El Centro Ca 92243		<u> </u>		ON		
Committee to Elect Cardenas-Singh Board of Supplemental/Business address (NO, AND STREET) 1767 South 21st, Street Related Committees Not Included in this S	cervisor-2-2024 CITY STATE ZIP El Centro Ca 92243		<u> </u>		ON		
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) 1767 South 21st, Street Related Committees Not Included in this S	CITY STATE ZIP El Centro Ca 92243		Identify the controlling office				
1767 South 21st. Street Related Committees Not Included in this S	El Centro Ca 92243		Identify the controlling office				
Related Committees Not Included in this S			Identify the controlling office				
Related Committees Not Included in this S				eholder, candid	date, or state m	easure propor	nent, if any.
Related Committees Not Included in this S			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
contributions or make expenditures on behalf of your ca	u or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
	1						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	didate/Office	eholder Con	nmittee List	names of
	YES NO		officeholder(s) or candidate(s,) for which this	committee is pr	imarily formed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
*			Martha Cardenas-Singh		Board of Su	pervisor-2-	OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	- OFFOSE
							SUPPORT
COMMITTEE NAME	I.D. NUMBER				ļ		OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		-				OPPOSE
VAINE OF TREASURER	Control of the second s		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O BOX)		€				OPPOSE
CITEL , MARKET (ITO)			Name to the second seco				
CITY STATE ZI	P CODE AREA CODE/PHONE		A.z.	b	on sheets if ne		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 11,800.00 11,800.00 7/1 to Date 1/1 through 6/30 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 11,800.00 11,800.00 Received 0.00 0.00 21. Expenditures Nonmonetary Contributions...... Schedule C, Line 3 Made 11,800.00 11,800.00 **Expenditures Made Expenditure Limit Summary for State** 8,988.00 8,988.00 Candidates 6. Payments Made...... Schedule E, Line 4 0.00 0.00 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 8,988 8,988 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 8,988.00 8,988.00 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 11,800.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 8,988.00 amounts in Column A may 11,800.00 be negative figures that 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse FPPC Form 460 (Jan/2016)) 0.0019. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement coverage from July 01, 202	•	CALI F	CALIFORNIA 460		
SEE INSTRUCTI	ONS ON REVERSE			through Decemb	er 31, 2023	Page	04 of <u>08</u>		
NAME OF FILER Committee t	o Elect Cardenas-Singh Board of Supervisor-2-2024					1.D. No.	UMBER 37		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (I- SE_F-EMP_OYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
09/29/2024	MARTHA CARDENAS-SINGH 1767 SOUTH 21st. STREET EL CENTRO, CA 92243	☑IND □COM □OTH □PTY □SCC	ASSISTANT DIRECTOR FOR THE UNIVERSITY OF CALIFORNIA SD	900.00					
10/02/2023	MARTHA CARDENAS-SINGH 1767 SOUTH 21st. STREET EL CENTRO, CA 92243	☑IND □COM □OTH □PTY □SCC	ASSISTANT DIRECTOR FOR THE UNIVERSITY OF CALIFORNIA SD	800.00	1,700				
11/17/2023	Nachhatter S. Chandi 77700 Cottonwood Cove Indian Wells, CA 92210	☑IND □COM □OTH □PTY □SCC	Retired	5,100.00	5,100.00				
12/12/2023	The OTG Group, Inc 9590 Chesapeake Drive San Diego, CA 92123	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000.00	5,000.00				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				***************************************			
			SUBTOTAL	\$ 11,800.00					
1. Amount re (Include a	A Summary eceived this period – itemized monetary contribution II Schedule A subtotals.) eceived this period – unitemized monetary contribution	,				(othe	ual bient Committee r than PTY or SCC) · (e.g., business entity)		

. FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024			Statement covers period from July 01, 2023 through December 31,2023	Page 0 1.0. NUM 146383	5 of <u>08</u>
IND independent expenditure supporting/opposing others (explain)* POS postage, de	mmunications nd appearances nses ulating	n Benger services	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committees voter registration WEB information technology costs	luction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF GUMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Marcie Landeros 1858 Main St. Seeley, Ca 92273	l	Content Creator			500.00
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251	LIT				750.00
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251	LIT				1,148.96
* Payments that are contributions or independent expenditures must also be summarized on So	hedule D	M;	SI	UBTOTAL	\$
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100				\$ <u>-</u> \$ <u>-</u>	8,717.00 271.00 0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

Schedule E
(Continuation Sheet)
Payments Made

DK PRINTING 1038

SOUTH 14TH STREET, EL CENTRO, CA 92243

SCHEDULE E (CONT)

(Continuation Chart)	Amounts may be			Statement covers period		HEDULE E (CONT.
(Continuation Sheet) Payments Made	to whole dollars.			from July 01, 2023	FOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE				through December	Page	of_08
Committee to Elect Cardenas-Singh Board of Supervisor-2-2024					1.D. NUMB 1463837	ER
CODES: If one of the following codes accurately describ 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 com meetings and OFC office expens PET petition circul PHO phone banks POL polling and su	munications I appearances es ating urvey researd very and mes	n senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an Staff/spouse travel, lodging, transfer between committees voter registration WEB	duction costs of meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
US BANK PO Box 790408, St. Louis, MO 63179-0408	0		Credit payment f	for banners		415.00
KIRBY BUSINESS SOLUTIONS, LLC 485 BROADWAY AVE, SUITE C, EL CENTRO, CA 92243		PRO				500.00
TOMMY T-SHIRTS 1615 Scott Ave. Unit 6 Fl Centro. CA 92243		СМР				281.45

IMPERIAL VALLEY REGIONAL CHAMBER OF COMMERCE Membership 500.00 1095 S. 4TH ST. El CENTRO, CA 92243

LIT

2

SUBTOTAL \$ 1,834.06

137.61

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

SCHEDULE E	CONT
COLLEDOLL	(00111

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

Statement covers period JULY 01, 2023 from	california 460 form
through DECEMBER 31,23	Page of
	I_D_ NUMBER
	1463837

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

COMMITTEE TO ELECT CARDENAS-SINGH BOARD OF SUPERVISOR-2-2024

CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonelary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 500.00 CONTENT CREATOR MARCIE LANDEROS 1858 MAIN STREET, SEELEY, CA 92273 CONTENT CREATOR 500.00 MARCIE LANDEROD 1858 MAIN STREET, SEELEY, CA 92273 1,000.00 TEL BD STUIOS 1202 MANUEL A ORTIZ AVE, EL CENTRO, CA 92243 1.000.00 SIGN INSTALLATION GERALD G GUANA 1110 MAGNOLIA ST, BRAWLEY, CA 92227 1,233.98 LIT IVONNE SOTOMAYOR SANTOS CONSULTING 619 FLYING CLOUD DRIVE, IMPERIAL, CA 92251

SUBTOTAL \$ 4,233.98

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

Schedule E (Continuation Sheet) Payments Made	77.17.77.03.4030			
SEE INSTRUCTIONS ON REVERSE		through DECEMBER 31,23	Page of	
NAME OF FILER			I.D. NUMBER	
COMMITTEE TO ELECT CARDENAS-SINGH B	OARD OF SUPERVISOR-2-2024		1463837	
CODES: If one of the following codes accur CMP campaign paraphernalia/misc.	ately describes the payment, you may enter the co	ode. Otherwise, describe the payment.		

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/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 polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		s ses rch essenger services	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production co TRC candidate travel, lodging, and meals Staff/spouse travel, lodging, and meal	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HUMANE SOCIETY OF IMPERIAL COUNTY 1585 W. PICO AVE, EL CENTRO, CA 92243			DONATIO	ON FOR LOCAL PET SHELTER	250.00
				*	

SUBTOTAL \$ 250.00

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

COVER PAGE Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Page 01 of $_{-}^{07}$ Statement covers period Date of election if applicable (Month, Day, Year) For Official Use Only from July 01,2023 March 5th, 2024 By through December 31, 2023 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement Special Odd-Year Report State Candidate Election Committee Committee Termination Statement Recal Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee ☐ Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1463837 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 Adriana Murillo-Kirby MAILING ADDRESS 2692 Topaz Street ZIP CODE AREA CODE/PHONE CITY STATE STREET ADDRESS (NO P.O. BOX) Ca 92251 760-693-8179 Imperial 1767 South 21st. Street AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE 760-540-9687 El Centro. Ca 92243 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE ZIP CODE CITY STATE OPTIONAL FAX / E-MAIL ADDRESS OPTIONAL FAX / E-MAIL ADDRESS adriana@kirbybusinesssolutions.com electsupervisor2@gmail.com 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 Executed on Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 02 of 07

Officeholder or Candidate Controlled Committee		6. Primarily For	ned Ballot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT	MEASURE		
Martha Cardenas-Singh					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	ND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR L	ETTER JURISDICT	rion	SUPPORT
Committee to Elect Cardenas-Singh Board o	f Supervisor-2-2024			1.	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP	*			
1767 South 21st. Street	El Centro Ca 92243	Identify the contr	rolling officeholder, cand	lidate, or state measure pro	ponent, if any.
(ATT TO THE PERSON OF THE PERS		NAME OF OFFICE	HOLDER, CANDIDATE, OR	PROPONENT	
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of you	y you or are primarily formed to receive	OFFICE SOUGHT	OR HELD	DISTRICT NO	IF ANY
COMMITTEE NAME	I.D. NUMBER	+			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily For	med Candidate/Offic	ceholder Committee L	ist names of
	YES NO		The same of the sa		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
	(Martha Carden	as-Singh	Board of Supervisor-2-	OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				☐ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Attach continua	tion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period	CALIFORNIA AGO
from July1,2023	FORM 400
through December 31, 2023	Page 03 of 06
	I.D. NUMBER
	1463837

NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024			L.D. NUMBER 1463837
Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	*** Column A TOTAL THIS PERIOD (PROMATTACHED SCHEDULES) **** 10,100.00 **** 10,100.00 **** 0.00 **** 10,100.00	**EOLUMN B CALENDAR YEAR TOTAL TO DATE \$ 10,100.00	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 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 Schedule E, Line 3 Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,501.94 0.00 \$ 6,501.94 0.00 0.00 6,501.97	\$ 6,501.94 0.00 \$ 6,501.94 0.00 0.00 6,501.97	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{0.00}{10,100.00} \\ \tau_0.00} \\ 6,501.94} \\ \$\frac{10,100.00}{10,100.00} \\ \$\frac{0.00}{10,000} \\ \$\frac{0.00}{10,	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.
18. Cash Equivalents	1		FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-37' www.fppc.ca.g

Schedule Monetary	e A / Contributions Received		nts may be rounded whole dollars.	Statement coverage from July 01, 202	•	CALI F	SCHEDULE IFORNIA 460 ORM
SEE INSTRUCTION	IONS ON REVERSE			through December	er 31, 2023	Page	of_07
NAME OF FILER Committee to	to Elect Cardenas-Singh Board of Supervisor-2-2024						UMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
11/17/2023	Nachhatter S. Chandi 77700 Cottonwood Cove Indian Wells, CA 92210	ØIND □COM □OTH □PTY □SCC	Retired	5,100.00	5,100,00		5,100.00
12/12/2023	The OTG Group, Inc 9590 Chesapeake Drive San Diego, CA 92123	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000.00	5,000.00		5,000.00
%T_11		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Q.				
		□IND □COM □OTH □PTY □SCC					
-		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
<u> </u>			SUBTOTAL	\$ 10,100.00			
1. Amount re	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.)		\$,100.00	IND -		

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

3. Total monetary contributions received this period.

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	rments Made ISTRUCTIONS ON REVERSE OF FILER			
CNS campaign consultants MTG me CTB contribution (explain nonmonetary)* OFC offic CVC civic donations PET pet FIL candidate filing/ballot fees PHO pho fundraising events POL pol IND independent expenditure supporting/opposing others (explain)* POS pos	mber communications etings and appearances ce expenses tition circulating one banks ling and survey research stage, delivery and messenger services fessional services (legal, accounting)	RAD radio airtime and production or RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produc TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, ar	ction costs meals nd meals of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Soroptomist International of El Centro "Les Madams et Petits" High Tea Part Fundraiser P.O. Box 23 El Centro, Ca 92243	y FND		105.00	
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251	CNS		750.00	
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251	LIT		1,412.96	
* Payments that are contributions or independent expenditures must also be summarized	ed on Schedule D.	SUE	BTOTAL \$ 2,267.96	
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subto	tals.)		\$	
2. Unitemized payments made this period of under \$100		and the second s	\$	
3. Total interest paid this period on loans. (Enter amount from Schedu	le B, Part 1, Column (e).)		\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	e and on the Summary Page, Colo	umn A, Line 6.) TO	TAL \$	

Schedule E (Continuation Sheet) Amounts m to who				Statement co	16050000000		CHEDULE E (CON'
Payments Made				from July 01, 20	23	FOR	M 400
SEE INSTRUCTIONS ON REVERSE				through Decem	ber	Page _0	6 of <u>07</u>
NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024						1.D. NUMI 1463837	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances es lating urvey researd very and mes	h senger services	RAD radio airtim RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spouse	e and production on intributions vorkers' salaries airlime and produravel, lodging, and e travel, lodging, a ween committees ration	uction costs I meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER)		CODE	DR DE	SCRIPTION OF PAYME	ENT		AMOUNT PAID
Marcie Landeros 1858 Main St. Seeley, Ca 92273		MBR					500.00
Kirby Businss Solutions, LLC 485 Broadway Ave, Suite C, El Centro, Ca 92243		PRO					500.00
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251		LIT					1,233.98
Marcie Landeros 1858 Main St. Seeley, Ca 92273		MBR					500.00

TEL

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

Studio Services

1202 Manuel A Ortiz, El Centro, CA 92243

SUBTOTAL \$ 2733.98

1000.00

SCHEDULE E (CONT.) Schedule E Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. (Continuation Sheet) July 01, 2023 **FORM Payments Made** from through December 31, 2023 Page . SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 1463837 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PHO phone banks candidate travel, lodging, and meals FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CODE O	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kirby Businss Solutions, LLC 485 Broadway Ave, Suite C, El Centro, Ca 92243	PRO		500.00

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

campaign literature and mailings

COVER PAGE Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** of 07 Page _01 Date of election if application Statement covers period (Month, Day, Year) For Official Use Only from January 01, 2024 March 5th, 2024 through January 20th, 2024 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report Controlled Termination Statement Recall (Also file a Form 410 Termination) Sponsored (Also Complete Parl 5) Amendment (Explain below) (Also Complete Parl 6) General Purpose Committee ☐ Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1463837 NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 Adriana Murillo-Kirby MAILING ADDRESS 2692 Topaz Street STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE STATE ZIP CODE Ca 92251 760-693-8179 1767 South 21st. Street Imperial NAME OF ASSISTANT TREASURER, IF ANY ZIP CODE AREA CODE/PHONE CITY STATE 92243 760-540-9687 El Centro, MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS adriana@kirbybusinesssolutions.com electsupervisor2@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 Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	R PAGE - PART 2
CALIFORM FORM	^{NIA} 460
Page _02	of _07

Officeholder or Candidate Controlled Com	mittee			6.	. 1	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					1	NAME OF BALLOT MEASURE				
Martha Cardenas-Singh										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF	APPLICA	ABLE)		Ī	BALLOT NO, OR LETTER	JURISDICTIC	N	I	SUPPORT
Committee to Elect Cardenas-Singh Board of Sup	ervisor-2-2024									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP							
1767 South 21st. Street	El Centro	Ca	92243			dentify the controlling officel	older, candid	late, or state	measure proj	ponent, if any.
		113-114-1			Ī	NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily fo				i	OFFICE SOUGHT OR HELD			DISTRICT NO	, IF ANY
COMMITTEE NAME	I.D. NUMBER									
NAME OF TREASURER	CONTROLLED	COMM	TTEE2	7,		Primarily Formed Cand				
NAME OF TREASURER	□ YES	∏ NO				officeholder(s) or candidate(s)	for which this	committee is j	orimarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.			,			NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT
						Martha Cardenas-Singh		Board of S	upervisor-2-	
CITY STATE ZII	P CODE A	REACO	DE/PHONE			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HELE	SUPPORT
Paragraphic Company of the Company o										☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER				•	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	COMMI	ITTEE?			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	JGHT OR HELI	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	☐ YES	☐ NC)							SUPPORT OPPOSE
COMMITTEE ADDRESS (NO.	O. BOX)				-			4		
CITY STATE ZI	P CODE A	REACO	DE/PHONE			ā.u	sh nantinusti	nn abaata if	ocaecan/	
CITY STATE 2	r cobe	ANLA CO	OLA HONE			Attac	ch continuation	on sneets if n	ecessary	

Campaign Disclosure Statement Summary Page

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse

Amounts may be rounded to whole dollars.

Statement covers period from January 01, 2024 CALIFORNIA 460

through January 20, 2024 Page 03 of 07

I.D. NUMBER

1463837

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1463837 Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 Column A Column B Calendar Year Summary for Candidates Contributions Received CALENDAR YEAR FOTAL TO DATE TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** 5,750.00 5,750.00 1. Monetary Contributions. Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.000.00 20. Contributions 5,750.00 5,750.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 7,000.00 7.000.00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 12,750.00 12,750.00 **Expenditures Made Expenditure Limit Summary for State** 5,660.86 5,660.86 Candidates 6. Payments Made...... Schedule E, Line 4 0.00 0.00 7. Loans Made. Schedule H, Line 3 22. Cumulative Expenditures Made* 5,660.86 5660.86 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 7,000 (mm/dd/yy) 7,000 12,660.86 12,660.86 11. TOTAL EXPENDITURES MADE ______ Add Lines 8 + 9 + 10 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, 5,750.00 add amounts in Column 13 Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0.00 amounts from Column B reported in Column B. of your last report. Some 5,660.86 15. Cash Payments Column A, Line 8 above amounts in Column A may 5,750.00 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero previous period amounts. If this is the first report being filed for this calendar year, 0.00 17 LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 only carry over the amounts from Lines 2, 7, and 9 (if

0.00

0.00

any).

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov		SCHEDULE CALIFORNIA 460 FORM
SEE INSTRUCTION	ONS ON REVERSE			through January	20, 2024	Page 04 of 07
NAME OF FILER Committee to	o Elect Cardenas-Singh Board of Supervisor-2-2024				I	I.D. NUMBER 463837
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
01/03/2024	Charles Fisher 734 Desert Garden Drive El Centro, Ca 92243	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	500.00
01/09/2024	Sylvia Marroquin 1414 Brighton Ave El Centro, Ca 92243	ØIND □COM ØOTH □PTY □SCC	City of El Centro Mayor	250.00	250.00	250.00
01/16/2024	Martha Cardenas 1767 S. 21st. Street El Centro, Ca 92243	☑ IND □ COM □ OTH □ PTY □ SCC	Assistant Director for the University of California San Diego	5,000.00	5,000.00	5,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	5,750.00		
1. Amount re (Include a	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.)	•••••			IND - I COM - OTH - PTY -	butor Codes Individual - Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line 1	I.) TOTAL \$	750.0		FPPC Form 460 (Jan/2016

. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedu	le C		Amounts may be rounded						SCHEDULE (
	netary Contributions Received		to whole dollars.			Statement covers p January 01,202		CALIF	ORNIA AGO
SEE INSTRUC	TIONS ON REVERSE				thro	ough January 20,2	2024	Page 0	of
NAME OF FILE		-2024						I.D. NUM 146383	BER
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/15/20 24	Gerald G. Guana 1110 Magnolia St, Brawley, CA 922	☑IND □COM □OTH □PTY □SCC	Campaign Sign Installation	4,000		4,000	4,000		4,000
01/20/20	Elisa Fuentes 2460 W. Elm St. El Centro, Ca 92243	☑ IND □ COM □ OTH □ PTY □ SCC	Campaign Banners and Yard signs	3,000		3,000	3,000		3,000
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBT	OTAL	\$ 7,000.00			
1. Amount	le C Summary t received this period – itemized nonmoneta e all Schedule C subtotals.) t received this period – uniternized nonmone						OT PT	other t) H – Other (d Y – Political	al ent Commiltee han PTY or SCC) e.g., business entity)
3. Total no (Add Li	onmonetary contributions received this perionnes 1 and 2. Enter here and on the Summa	od. ry Page, Colu	ımn A, Lines 4 and 10.)	тот	AL\$	7,000.00	_		

Schedule E Payments Made	Amounts may b to whole di		Statement covers period from January 01, 2024	SCHEDULE ALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor 2 2024			71;	Page 06 07 07 D. NUMBER 1463837
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commeetings and OFC office expens PET petition circu PHO phone banks POL postage, deli	nmunications d appearances ses lating	Otherwise, describe the payment. RAD RFD RFD SAL TEL L, or cable airlime and production costs returned contributions campaign workers' salaries TEC L, or cable airlime and productio candidate travel, lodging, and me staff/spouse travel, lodging, and rensfer between committees of the voter registration WEB	n costs als neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYEE HE COMMITTEE ALSO ENTERTED NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ivonne Sotomayor Santos Consulting 619 Flying Cloud Drive, Imperial, Ca 92251		CNS		2,789.78
Studio Services 1202 Manuel Ortiz Ave El Centro, CA 92243		TEL		1,000
Gerald Guana 1110 Magnolia St. Brawley, Ca 92227		СМР		1,000
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D	SUBTO	OTAL \$ 4,789.78
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	e E subtotals.)			5,660.86
2. Unitemized payments made this period of under \$100		·		s. \$
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Pa	rt 1, Column (e).)	***************************************	\$
4. Total payments made this period. (Add Lines 1, 2, and 3, 8	Enter here and on	the Summary Page, Col	lumn A, Line 6.)TOTA	L \$ _5,660.86

SCHEDULE E (CONT.)

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

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA January 01, 2024 **FORM** from through January 20, 2024 I.D. NUMBER 1463837

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF IND independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CODE 0	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Intelligence P.O. Box 59570 Norwalk, Ca 90652	LIT		371.08
Kirby Businss Solutions, LLC 485 Broadway Ave, Suite C, El Centro, Ca 92243	PRO		500.00
	LIT		
	MBR		
	TEL		

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

4.	٧	er	Ш	IC	d	u	U	

Executed on Executed on Executed on Executed on - Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidale, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
PORWI
Page <u>02</u> of <u>07</u>

Officeholder or Candidate Control	lled Committee	6.	Primarily Formed Ballo	Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		32	NAME OF BALLOT MEASURE			
Martha Cardenas-Singh						
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	Попрост
Committee to Elect Cardenas-Singh Box	ard of Supervisor-2-2024					SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP					
1767 South 21st. Street	El Centro Ca 92243		Identify the controlling office	nolder, candi	date, or state measure pi	oponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F	ROPONENT	
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	in this Statement: List any committees illed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY
	or your candidacy.					
COMMITTEE NAME	I.D. NUMBER	33				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.:	Primarily Formed Cand	idate/Offic	eholder Committee	List names of
	☐ YES ☐ NO		officeholder(s) or candidate(s)	ror which this	committee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRE	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT
			Martha Cardenas-Singh		Board of Supervisor-	
CITY STA	ATE ZIP CODE AREA CODE/PHONE	3	NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD _
						SUPPORT
COMMITTEE NAME	I.D. NUMBER	7			.	OPPOSE
			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT
Will a series of the series of						☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HE	
COMMITTEE ADDRESS STREET ADDRESS	YES NO					D
COMMITTEE ADDRESS STREET ADDRE	YES NO	8				LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS	ESS (NO P.O. BOX)	ଖ			on sheets if necessary	LD SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from January 01, 2024

CALIFORNIA 460
FORM Page 03 of 07

I,D, NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 1463837 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 5,750.00 5,750.00 7/1 to Date 1/1 through 6/30 0.00 0.00 20. Contributions 5,750.00 5,750.00 Received 7,000.00 7,000.00 4. Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures Made 12,750.00 12,750.00 **Expenditures Made Expenditure Limit Summary for State** 5,774.78 5,774.78 **Candidates** 6. Payments Made...... Schedule E, Line 4 0.00 0.00 22. Cumulative Expenditures Made* 5,774.78 5.774.78 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date 7,000.00 7,000.00 (mm/dd/yy) 12,774.78 12,774.78 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 5,750.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding "Amounts in this section may be different from amounts 0.00 amounts from Column B reported in Column B. of your last report. Some 5,774.78 amounts in Column A may 5,750.50 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17, LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 0.00 18. Cash Equivalents...... See instructions on reverse 0.00 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement coverage from January 01, through January	2024	CALIFORNIA 460 FORM of 07	
	ONS ON REVERSE	through					
NAME OF FILER Committee to	o Elect Cardenas-Singh Board of Supervisor-2-2024					146383	JMBER 37
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SFI F-FMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ((JAN. 1 - DE)	YEAR	PER ELECTION TO DATE (IF REQUIRED)
01/03/2024	Charles Fisher 734 Desert Garden Drive El Centro, Ca 92243	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00	500.00		500.00
01/09/2024	Sylvia Marroquin 1414 Brighton Ave El Centro, Ca 92243	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City of El Centro Mayor	250.00	250.00		250,00
01/16/2024	Martha Cardenas 1767 S. 21st. Street El Centro, Ca 92243	☑ IND □ COM □ OTH □ PTY □ SCC	Assistant Director for the University of California San Diego	5,000.00	5,000.00		5,000.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	¥				
			SUBTOTAL	\$ 5,750.00			
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.)eceived this period – unitemized monetary contribution		n \$100\$ ^{5,}	750.00 00	INC CC OT PT	othe) H – Othe Y – Politic	dual pient Committee er than PTY or SCC) r (e.g., business entity)
3. Total mon (Add Line	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, (Column A, Line	1.)TOTAL \$ _5,	750.0	EDDC Advices ad		PC Form 460 (Jan/2016))

www.fppc.ca.gov

EE INSTRUC	netary Contributions Received		Amounts may be rounded to whole dollars.			January 01,2024 January 20,24	CALIFORNIA 460 FORM Page 05 of 07 LD, NUMBER 1463837		
Committee	to Elect Cardenas-Singh Board of Supervisor-2-	2024	IF AN INDIVIDUAL, ENTER			AMOUNT/	CUMULA	TIVE TO	PER ELECTION
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		FAIR MARKET VALUE	DA CALENDA (JAN 1 -	AR YEAR	TO DATE (IF REQUIRED)
01/15/20 24	Gerald G. Guana 1110 Magnolia St. Brawley, CA 922	☑ IND □ COM □ OTH □ PTY □ SCC	Campaign Sign Installation	4,000		4,000 4,000			4,000
01/20/20 24	Elisa Fuentes 2460 W., Elm St., El Centro, Ca 92243	☑IND □COM □OTH □PTY □SCC	Campaign Banners and Yard signs	3,000		3,000	3,000		3,000
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			_				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					li .		
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBT	OTAL	\$ 7,000.00			
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)						7,000.00 0.00	INE CC OT PT	other) H – Other (Y – Politica	al ent Committee than PTY or SCC) e.g., business entity)
0.75.1	onmonetary contributions received this periones 1 and 2. Enter here and on the Summa	od.				7 000 00			450 / 1-1/204CN

Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	unts may b to whole d	oe rounded ollars.		Statement covers period from January 01, 2024 through December 31,2024	FC	SCHEDULE ORNIA 460 ORN	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc.							
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DESC	RIPTION OF PAYMENT		AMOUNT PAID	
HOPE CAFE 1027 W. STATE STREFT, EL CENTRO, CA 92243	27776		DEPOSIT FOR MI	EET AND GREET		100.00	
HEBER PUBLIC UTILITY DISTRICT 1078 DOGWOOD RD. #103, HEBER, CA 92249		FND				155.00	
WASUPWU PRODUCTIONS 65 E. 6TH STREET, HEBER, CA 92249	8	FND				1,000.00	
* Payments that are contributions or independent expenditures must also be summariz	ed on Sche	dule D		SU	JBTOTAL :	1,255.00	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subto	otals.)			***************************************	\$	5,774.78	
2. Unitemized payments made this period of under \$100					\$_	0.00	
3. Total interest paid this period on loans. (Enter amount from Schedu	ıle B, Parl	t 1, Column	(e).)	X*************************************	\$.00	

Schedule E

Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	to whole dollars.	January 01, 2024	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>Ianuary 20, 2024</u>	Page of
NAME OF FILER			I.D. NUMBER
Committee to Elect Cardenas-Singh Board of Supervisor	-2-2024		1463837
CODES: If one of the following codes accurately	describes the navment you may enter the cod	e Otherwise describe the navment	

CODES: If one of the following codes accurately describe	es 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 BAVES		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
KIRBY BUSINESS SOLUTIONS, LLC 485 BROADWY AVE, SUITE C, EL CENTRO, CA 92243	PRO		500.00
IVONNE SOTOMAYOR SANTOS 619 FLYING CLOUD DRIVE, IMPERIAL, CA 92251	LIT		2,789.78
BD STUDIOS 1202 A ORTIZ AVE, EL CENTRO, CA 92243	TEL		1,000.00
HOPE CAFE 1027 W. STATE STREET, EL CENTRO, CA 92243		MEET AND GREET	230.00

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

SUBTOTAL \$ 4,519.78

Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only from January 21st, 2024 FEB 2 2 2024 March 5th, 2024 through February 17, 2024 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Quarterly Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Semi-annual Statement Committee Special Odd-Year Report State Candidate Election Committee Termination Statement Recall Controlled (Also file a Form 410 Termination) Sponsored (Also Complete Pert 5) Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Parl 7) I.D. NUMBER Treasurer(s) 3. Committee Information 1463837 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee to Elect Cardenas-Singh Board of Supervisor 2 2024 Adriana Murillo-Kirby MAILING ADDRESS 2692 Topaz Street AREA CODE/PHONE 7IP CODE STREET ADDRESS (NO P.O. BOX) STATE 92251 760-693-8179 Ca 1767 South 21st, Street **Imperial** NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY STATE ZIP CODE 92243 760-540-9687 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE ZIP CODE CITY ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / F-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS adriana@kirbvbusinesssolutions.com electsupervisor2@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 . Executed on -Signature of Controlling Officeholder, Candidate. State Measure Proponen Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORN FORM	HA 460						
Page <u>02</u>	of_9						

AME OF OFFICEHOLDER OR CANDIDATE									
ANNIE OF OFFICE HOLDER ON CANDIDATE					NAME OF BALLOT MEASURE				
Martha Cardenas-Singh						·			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	TRICT NUMBER	IF APPLIC	CABLE)		BALLOT NO OR LETTER	JURISDICTIO	NC		SUPPORT
Committee to Elect Cardenas-Singh Board of Supe	rvisor-2-202	4							OPPOSE
RESIDENTIAL/BUSINFSS ADDRESS (NO AND STREET)	CITY	STATE	ZIP						
1767 South 21st. Street	El Centro	Ca	92243		Identify the controlling office	eholder, candle	date, or state	measure propor	nent, if any.
					NAME OF OFFICEHOLDER, C.	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or <mark>are primaril</mark> y				OFFICE SOUGHT OR HELD		46120	DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBE	R			: 				
NAME OF TREASURER	CONTROLL	ED COMM	AITTEE2	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offic	eholder Co	ommittee List	names of
VAINE OF TREASURER	0011110	LD OOM			omicennineris) or candidatel:				
						sy tor winen ims	committee is	primarily formed	•
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	☐ YES	□ N			NAME OF OFFICEHOLDER OF			UGHT OR HELD	T
COMMITTEE ADDRESS (NO P.O		□ N					OFFICE SOI		SUPPORT
					NAME OF OFFICEHOLDER OF	R GANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT
	BOX)		0		NAME OF OFFICEHOLDER OF Martha Cardenas-Singh	R GANDIDATE	OFFICE SOI	UGHT OR HELD Supervisor-2-	SUPPORT OPPOSE
	BOX)	AREA CO	0		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOI	UGHT OR HELD Supervisor-2- UGHT OR HELD	SUPPORT
CITY STATE ZIP	CODE	AREA CO	0		NAME OF OFFICEHOLDER OF Martha Cardenas-Singh	R CANDIDATE	OFFICE SOI	UGHT OR HELD Supervisor-2-	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
CITY STATE ZIP	CODE	AREA CC	ODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOI	UGHT OR HELD Supervisor-2- UGHT OR HELD	Support OPPOSE Support OPPOSE
CITY STATE ZIP	CODE I.D. NUMBE	AREA CO	ODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE	OFFICE SOIL	UGHT OR HELD Supervisor-2- UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE NAME NAME OF TREASURER	CODE I.D. NUMBE CONTROLE YES	AREA CC	ODE/PHONE		NAME OF OFFICEHOLDER OF Martha Cardenas-Singh NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE	OFFICE SOIL	UGHT OR HELD Supervisor-2- UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
CITY STATE ZIP	CODE I.D. NUMBE CONTROLE YES	AREA CO	ODE/PHONE		NAME OF OFFICEHOLDER OF Martha Cardenas-Singh NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE	OFFICE SOIL	UGHT OR HELD Supervisor-2- UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CODE I.D. NUMBE CONTROLE YES	AREA CO	ODE/PHONE		NAME OF OFFICEHOLDER OF Martha Cardenas-Singh NAME OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE	OFFICE SOIL	UGHT OR HELD Supervisor-2- UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT SUPPORT

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Summary PAGE

Statement covers period
from January 21st, 2024

through February 17,2024

CALIFORNIA 460

FORM

Page 03 of 9

I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1463837 Committee to Elect Cardenas-Singh Board of Supervisor-2-2024 Calendar Year Summary for Candidates Column B Column A Contributions Received Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12,500.00 6,750.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 12,500.00 6,750.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 5,000.00 12,000.00 21. Expenditures Made 24,500.00 11,750.00 **Expenditure Limit Summary for State Expenditures Made** 13,955.84 8181.06 **Candidates** 6. Payments Made...... Schedule E, Line 4 0.00 0.00 22. Cumulative Expenditures Made* 13955.84 8181.06 (if Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 0.00 0.00 Total to Date Date of Election (mm/dd/yy) 0.00 0.00 13,955.84 8181.06 **Current Cash Statement** 0.00 To calculate Column B. 6,750.00 add amounts in Column A to the corresponding Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 8181.06 amounts in Column A may 6,750.00 be negative figures that 16. ENDING CASH BALANCE And Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents See Instructions on reverse 0.00 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received		ibutions Received Amounts may be rounded to whole dollars.			vers period	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through Februar	y 17,2024	Page	04 of 09	
NAME OF FILER Committee t	o Elect Cardenas-Singh Board of Supervisor-2-2024					I.D. NI 146383	JMBER 37	
DATE REGEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/26/2024	MARTHA CARDENAS-SINGH 1767 SOUTH 21st. STREET EL CENTRO, CA 92243	☑IND □COM □OTH □PTY □SCC	ASSISTANT DIRECTOR FOR THE UNIVERSITY OF CALIFORNIA SD	1,500	6,500		6,500	
02/05/2024	VALUE AUTO SERVICE 8334 CLAIRMONT MESA BLVD SAN DIEGO, CA 92111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000	5,000		5,000	
02/5/2024	SYLVIA MARROQUIN 1414 BRIGHTON AVE EL CENTRO, CA 92243	☑ IND □ COM □ OTH □ PTY □ SCC	CITY OF EL CENTRO MAYOR	250.00	500.00		500.00	
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL S	6,750.00				
Amount re (Include al	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.) ceived this period – unitemized monetary contribution				IND - COM - OTH - PTY -	other) Olher – Politic:	ual ient Committee than PTY or SCC) (e.g., business entity) al Party	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ <u>6</u> ,7	750.00	SCC-		Contributor Committee	

. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM from January 21st, 2024 through February 17, 2024 Page 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Single Pourd of Supervisor 2 2024

D. NUMBER	
1463837	

Committee	to Elect Cardenas-Singh Board of Supervisor-2-	2024					1103007	
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	CALEN	ATIVE TO IATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/20/24	NJB COMPANIES 408 WEST UNIVERSITY AVENUE GAINSVILLE, FLORIDA 32601	□IND □COM ☑OTH □PTY □SCC		FACEBOOK Advertising	\$1,079.99	\$1,079	1.99	\$1,079.99
02/21/24	NJB COMPANIES 408 WEST UNIVERSITY AVENUE GAINSVILLE, FLORIDA 32601	□IND □COM ☑OTH □PTY □SCC		FACEBOOK Advertising	3,920.01	3,920.	01	5,000
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTOTAL	\$			
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)					D C	other t) TH – Other (d TY – Political	al ent Committee than PTY or SCC) e.g., business entity)	
3. Total no (Add Li	onmonetary contributions received this periones 1 and 2. Enter here and on the Summa	od. Iry Page, Colu	ımn A, Lines 4 and 10.)	TOTAL \$	5,000	_		

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** January 21st, 2024 **FORM** from of_09 Page ____06 through February 17, 2024 I.D. NUMBER

1463837

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Cardenas-Singh Board of Supervisor-2-2024

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 RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions

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

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
JASON HISEL 380 E, BARIONI BLVD. IMPERIAL, CA 92251	FND	1,500.00
WELLS FARGO 1200 MAIN ST EL CENTRO, CA 92243	СМР	10.00
RICARDO CAMARILLO 687 S. 6TH ST. EL CENTRO, CA 92243	СМР	250.00
BRAWLEY AMERICAN CITIZENS CLUB 890 B STREET, BRAWLEY, CA 92227	CVC	100,00
OCOTILLO OPTIMIST CLUB P.O. BOX 296, OCOTILLO, CA 92259	СМР	200.00

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

SUBTOTAL \$ 2,060,00

Amounts may be rounded to whole dollars.

| CALIFORNIA | 460 | Form | Through | February 17,2024 | Through | Through | February 17,2024 | Through | Throu

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT CARDENAS-SINGH BOARD OF SUPERVISOR-2-2024

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

CMP campaign paraphernalia/misc.

CMS campaign consultants

MBR member communications meetings and appearances

MBR member communications meetings meetings meetings meetings meetings meetings meetings

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

campaign workers' salaries

CTB contribution (explain nonmonetary)*

OFC office expenses

SAL campaign workers' salaries

t.v. or cable airtime and production costs

candidate filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

FIL candidate filing/ballot fees PHO phone banks TRC candidate flaver, 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

lited legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads VOT voter registration with print ads VOT voter registration with print ads voter registration with print ads voter registration voter registration with print ads voter registration voter registration

NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 300.00 TEL GERARDO VENEGAS P.O. BOX HEBER, CA 92249 125.00 CMP RICARDO CAMARILLO 687 S. 6TH ST. EL CENTRO, CA 92243 550.00 CMP MARIA DOMINGUEZ 1293 JONES STREET, BRAWLEY, CA 92227 500.00 CMP VICTORY OUTREACH CHURCH 625 W. STATE STREET, EL CENTRO, CA 92243 400.00 **CMP** CECILIA GASTELO 110 W. C STREET BRAWLEY, CA 92227

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

SUBTOTAL \$ 1,875.00

SCHEDULE	F/C	ONT
SCHEDULE	: E (U	ON L.)

Amounts may be rounded to whole dollars.

1463837

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Cardenas-Singh Board of Supervisor-2-2024

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
BÐ STUDIOS 1202 MANUEL A ORTIZ, EL CENTRO, CA 92243	TEL	1,000
IV HUMANE SOCIETY 1585 W. PICO AVE, EL CENTRO, CA 92243	CVC	100.00
LINDA SHARP 215 N. IMPERIAL AVE, APT. 173, EL CENTRO, CA 92243	СМР	250.00
MARIBEL PUENTES 111 E. STREET, CALEXICO, CA 92231	СМР	200.00
KIRBY BUSINESS SOLUTIONS 1470 S. IMPERIAL AVE, SUITE A&B EL CENTRO, CA 92243	PRO	500.00

SUBTOTAL \$ 2,050.00

SCHEDU			

RAD radio airtime and production costs

Cabadula E			SCI		
Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period January 17,2024 from	CALIFOR FORM		
SEE INSTRUCTIONS ON REVERSE		through February 17th, 2024	Page 9		
NAME OF FILER			I.D. NUMBE		
COMMITTEE TO ELECT CADDENAS SINCH I	ROARD OF SUPERVISOR-2-2024		1463837		

MBR member communications

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

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

CMP campaign paraphernalia/misc.

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CTB candidate filing/ballot fees CTB candidate filing/ballot fees CTB candidate filing/ballot fees CTB independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MTG meetings and OFC office expense PET petition circula PHO phone banks POL polling and su POS postage, deliv PRO professional s PRT print ads	es eting rvey researd ery and mes	SAL ca TEL t.v TRC ca TRS st senger services TSF tra t	turned contributions impaign workers' salaries in or cable airtime and production costs andidate travel, lodging, and meals aff/spouse travel, lodging, and meals ansfer between committees of the same oter registration formation technology costs (internet, e-	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE (OR DESCRIPTION	OF PAYMENT	AMOUNT PAID
MARCIE LANDEROS 1858 MAIN STREET, SEELEY, CA 92273	5		CONTENT CREATOR		500.00
IVONNE SOTOMAYOR 619 FLYING CLOUD DRIVE, IMPERIAL, CA 92251	E	LIT			1,446,06
RICARDO JAMRILLO 687 S. 6TH STREET, EL CENTRO, CA 92243		СМР			250.00

SUBTOTAL \$ 2,196.06