

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2022
through 12/31/2022

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

DATE RECEIVED
JAN 31 2023
By: gyl

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CALIFORNIA 460
FORM

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee To Elect Robert Menvielle County Assessor 2022

I.D. NUMBER
146946

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY
[REDACTED]

STATE
[REDACTED]

ZIP CODE
[REDACTED]

AREA CODE/PHONE
[REDACTED]

NAME OF TREASURER
Robert Menvielle

MAILING ADDRESS
[REDACTED]

STATE
[REDACTED]

ZIP CODE
[REDACTED]

AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Amanda Rodriguez

MAILING ADDRESS
[REDACTED]

CITY
[REDACTED]

STATE
[REDACTED]

ZIP CODE
[REDACTED]

AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
rfmenvielle@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

Executed on 1/31/23
Date

Executed on 1/31/23
Date

Executed on
Date

Executed on
Date

By [REDACTED]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By [REDACTED]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By [REDACTED]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By [REDACTED]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Robert Menvielle			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Assessor			
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 Com To Elect Robert Menvielle Imp Co Asr 2014	I.D. NUMBER 1358660
NAME OF TREASURER Robert Menvielle	CONTROLLED COMMITTEE? ☒ YES ☐ NO
COMMITTEE ADDRESS [REDACTED]	STREET ADDRESS (NO P.O. BOX)
CITY [REDACTED]	STATE ZIP CODE AREA CODE/PHONE [REDACTED]
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 PROPOONENT	
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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2022

through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2022

I.D. NUMBER

1446946

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

1. Monetary Contributions.....	Schedule A, Line 3	\$ 1,500.00	\$ 10,625.00
2. Loans Received.....	Schedule B, Line 3	2,537.48	27,400.48
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	4,037.48	38,025.48
4. Nonmonetary Contributions.....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	4,037.48	38,025.48

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 4,675.59	\$ 38,015.48
7. Loans Made.....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	4,675.59	38,015.48
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	4,675.59	38,015.48

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
/ / \$
/ / \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 647.61
13. Cash Receipts	Column A, Line 3 above	4,037.48
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	4,675.59
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9.50

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from 07/01/2022

through 12/31/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2022

I.D. NUMBER

1446946

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)
8/8/2022	C & G Farms P.O. Box 2216 Gonzalez, CA 93926	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00		
8/10/2022	La Brucherie Produce 1407 S. La Brucherie Road El Centro, CA 92243-9677	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 1,500.00						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1,500.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$ 1,500.00**

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

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
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through 12/31/2022

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NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2022

I.D. NUMBER

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Robert Menvielle [REDACTED]	County Assessor County of Imperial	24,863.00	2,550.00	☒ PAID 12.52 ☐ FORGIVEN	27,400.48	0.00	3,063.00	27,400.48
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE	RATE	DATE INCURRED	PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN				
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN				
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN				

SUBTOTALS \$ 2,550.00 \$ 12.52 \$ 27,400.48 \$ 0.00

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

Schedule B Summary

- Loans received this period \$ 2,550.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 12.52
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2,537.48
Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 07/01/2022		CALIFORNIA FORM 460	
NAME OF FILER		through 12/31/2022		Page 6 of 6	
Committee To Elect Robert Menvielle County Assessor 2022				I.D. NUMBER 1446946	

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
John F. Menvielle Farms 1272 E. Jasper Road Heber, CA 92249	CMP		Campaign sign installation, maintenance and removal	4,527.59
US Postal Service W. Main Street El Centro, CA 92243	POS		Post Office box rent \$83.00 plus late fee \$25	108.00
Mechanics Bank El Centro, Ca 92243	CMP		Checking account service charge	40.00

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

SUBTOTAL \$ 4,675.59

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,675.59
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4,675.59**