

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp
Registrar of Voters
JAN 31 2025
Imperial County

CALIFORNIA 460
FORM

Page 1 of 8
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Statement covers period
from 10/20/2024
through 12/31/2024

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:

- ☐ Pre-election 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

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

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

Treasurer(s)

NAME OF TREASURER

Adriana Murillo-Kirby

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

electsupervisor@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

adriana@kirbybusinessolutions.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.

Executed on 1/31/25
Date

Executed on 1/31/25
Date

Executed on
Date

Executed on
Date

By

By

By

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Martha Cardenas-Singh			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Committee to Elect Cardenas-Singh Board of Supervisor - 2 -2024			
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? ☐ YES ☐ NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	☐ SUPPORT ☐ OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE Martha Cardenas-Singh	OFFICE SOUGHT OR HELD Board of Supervisor -2 -	☒ 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 10/20/2024

through 12/31/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER

1463837

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	\$ 8,950.00	\$ 39,812.39
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 8,950.00	\$ 39,812.39
4. Nonmonetary Contributions	Schedule C, Line 3	11,200.00	25,708.88
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 20,150.00	\$ 65,521.27

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 11,615.02	\$ 33,093.65
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 11,615.02	\$ 33,093.65
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	\$ 11,615.02	\$ 33,093.65

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	\$ 9,379.46
13. Cash Receipts	Column A, Line 3 above	8,950.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	11,615.02
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,714.44

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).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 10/20/2024
through 12/31/2024

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

I.D. NUMBER
1463837

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)
11/02/2024	State Wide Services 81161 Indio Blv., Indio, CA 92201	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		975.00	975.00	
11/05/2024	United Automobile Workers Region 6500 S. Rosemead, Pico Rivera, CA 90660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00	2,000.00	
11/07/2024	Western States Regional Council of Carpenters 553 S. Freemont Ave. 10th Floor, Los Angeles, CA 90071	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		975.00	975.00	
11/07/2024	Martha Cardenas Singh - Deposited From Personal Checking Account	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self [REDACTED]	5,000.00	10,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 8,950.00						

Schedule A Summary

1. Amount received this period -- itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 8,950.00

2. Amount received this period -- unitemized monetary contributions of less than \$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 \$ 8,950.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
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.

SCHEDULE C

Statement covers period
from 10/20/2024
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SEE INSTRUCTIONS ON REVERSE
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Committee to Elect Cardenas - Singh Board of Supervisor - 2- 2024

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)
10/25	Digital Marketing/ Edward Morales 955 N. Imperial Ave. El Centro, CA 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			900.00		
10/25	Digital Marketing/ Edward Morales 955 N. Imperial Ave. El Centro, CA 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			900.00		
10/31	Digital Marketing/ Edward Morales 955 N. Imperial Ave. El Centro, CA 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC			800.00		
11/10	Peter Rodriguez 142 Driftwood El Centro, CA 92243	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Campaign Worker	Election Observer	800.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,400.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ 11,200.00

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 \$ 11,200.00

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 10/20/2024
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER

1463837

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)
11/19	Peter Rodriguez 142 Driftwood El Centro, CA 92243	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Election Observer	800.00		
	Gerald G. Gauna 1110 Magnolia St. Brawley, CA 9227	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Campaign Sign Installation	4,000.00		
	Elisa Fuentes 2460 West Elm El Centro, CA 92227	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Campaign Banners and Yard Signs	3,000.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 7,800.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.)

11,200.00

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 \$ 11,200.00

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

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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

Statement covers period
from 10/20/2024
through 12/31/2024

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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.
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
Victory Outreach Church 625 W. State St. El Centro, CA 92243	CMP		Check #1073	600.00
Heber Public Utility District 1078 S. Dogwood Rd. Heber, CA 92249	CMP		Check #1071	20.00
BD Studios 1202 Manuel Ortiz, El Centro, CA 92243	TEL		Check 1076	3,000.00

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

SUBTOTAL \$ 3,620.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 11,615.02
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 11,615.02**

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/20/2024</u>	CALIFORNIA 460 FORM
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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 airline 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 airline 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
Marcie Landeros		CNS		Check #1077	1,250.00
Kirby Business Solutions 1472 S. Imperial Ave., El Centro, CA 92243		PRO		Check #1079	500.00
Ivonne Sotomayor 619 Flying Cloud Dr. Imperial, CA 92251		CNS		Check #1078	4,265.02
Peter Rodriguez 142 Driftwood, El Centro, CA 92243		CMP		Check #1080	480.00
Xavier Outdoor Advertising PO Box 675277, Rancho Santa Fe, CA 92067		CNS		Paid Cashier's Check - Invoice	1,500.00

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

SUBTOTAL \$ 7,995.02

FPPC Form 460 (Jan/2016))

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