

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period		Date of election if applicable: (Month, Day, Year)
from <u>07/01/2024</u>		<u>OCT 24 2024</u>
through <u>09/21/2024</u>		<u>11/05/2024</u>

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.	
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primary Formed Ballot Measure Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Recall <input type="checkbox"/> Sponsored <small>(Also Complete Part 5) (Also Complete Part 6)</small>	
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/ <input type="checkbox"/> Sponsored Officeholder Committee <small>(Also Complete Part 7)</small>	
<input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	

3. Committee Information

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

Adriana Murillo- Kirby

STREET ADDRESS (NO P.O. BOX)

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

AREA CODE/PHONE
[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE
[REDACTED]

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

electsupervisor@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 10/24/2024 By [REDACTED] Date [REDACTED]

Executed on 10/24/2024 By [REDACTED] Date [REDACTED]

Executed on _____ Date _____

Executed on _____ Date _____

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Registrant of Voters

Date Stamp	
CALIFORNIA FORM 460	
Page <u>1</u>	of <u>7</u>
For Official Use Only	

COVER PAGE

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

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 7

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

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Martha Cardenas-Singh	Board of Supervisor - 2 -	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
I.D. NUMBER	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO. P.O. BOX)		
CITY STATE ZIP CODE AREA CODE/PHONE		

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE
**CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period from <u>07-01-2024</u>	through <u>09-21-2024</u>	Page <u>3</u> of <u>7</u>
		I.D. NUMBER <u>1463837</u>

Contributions Received

Column A
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	<u>Schedule A, Line 3</u>	\$ <u>5929.39</u>	\$ <u>26662.39</u>
2. Loans Received.....	<u>Schedule B, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<u>Add Lines 1 + 2</u>	\$ <u>5929.39</u>	\$ <u>26662.39</u>
4. Nonmonetary Contributions.....	<u>Schedule C, Line 3</u>	\$ <u>1504.44</u>	\$ <u>13504.44</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<u>Add Lines 3 + 4</u>	\$ <u>7433.83</u>	\$ <u>40166.83</u>

Expenditures Made

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

6. Payments Made.....	<u>Schedule E, Line 4</u>	\$ <u>909.25</u>	\$ <u>20468.63</u>
7. Loans Made.....	<u>Schedule H, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	<u>Add Lines 6 + 7</u>	\$ <u>909.25</u>	\$ <u>20468.63</u>
9. Accrued Expenses (Unpaid Bills).....	<u>Schedule F, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment.....	<u>Schedule C, Line 3</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE.....	<u>Add Lines 8 + 9 + 10</u>	\$ <u>909.25</u>	\$ <u>20468.63</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>9379.46</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>5929.39</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>909.25</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>14399.60</u>

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ <u>0.00</u>
18. Cash Equivalents	<i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column B 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).

Schedule A
Monetary Contributions Received

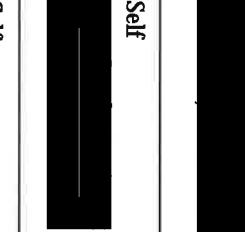
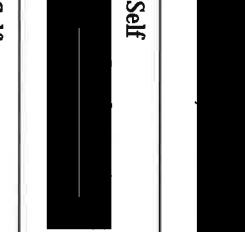
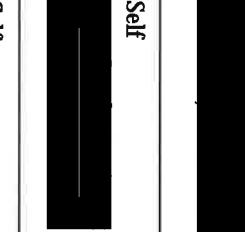
Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers Period from <u>07-01-2024</u>		CALIFORNIA FORM 460	
through <u>09-21-2024</u>		Page <u>4</u> of <u>7</u>	I.D. NUMBER <u>1463837</u>

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)
<u>08-19-2024</u>	<u>Enedina Cardenas - Donation Back to School Event</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	<u>Retired Wensley Ave. El Centro, Ca. 92243</u>	<u>\$263.50</u>		
<u>09-03-2024</u>	<u>Martha Cardenas-Singh - Crazy Taco Meet and Greet Event</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	<u>Self</u> 	<u>\$338.00</u>		
<u>09-12-2024</u>	<u>Martha Cardenas-Singh - Sobe's Meet and Greet Event</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	<u>Self</u> 	<u>\$327.89</u>		
<u>09-17-2024</u>	<u>Martha Cardenas-Singh - Deposited From Personal Checking Account</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC	<u>Self</u> 	<u>\$5,000.00</u>		
				SUBTOTAL \$ 5,929.39		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 5,929.39

- Amount received this period – itemized monetary contributions of less than \$100 \$ 0.00

- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 5,929.39**

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

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

Statement covers period		CALIFORNIA FORM 460	
from	through	Page	of
07-01-2024	09-21-2024	6	7
		I.D. NUMBER	1463837

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	VOT	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	WEB	voter registration
LIT	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

1038 S. 14th Street El Centro, Ca. 92243

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP			\$159.25

Imperial County Election Office
940 W. Main Street El Centro, Ca. 92243

\$300.00

Heber Soccer League - Team Sponsorship

\$100.00

Valley Crafts
El Centro, Ca. 92243

\$350.00

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

SUBTOTAL \$ 909.25

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from <u>07-01-2024</u> through <u>09-21-2024</u>	CALIFORNIA FORM 460
I.D. NUMBER	Page <u>7</u> of <u>7</u>

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

CIV	civil
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting
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	tv 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)

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 909.25
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 909.25**