

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	CALIFORNIA 460 FORM		
Statement covers period from <u>09-22-2024</u>		Date of election if applicable: (Month, Day, Year) <u>OCT 24 2024</u>	Page <u>1</u> of <u>7</u> For Official Use Only
through <u>10-19-2024</u>			

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
Sponsored Small Contributor Committee
Political Party/Central Committee

Primary Formed Ballot Measure Committee
(Also Complete Part 6)

Controlled
 Sponsored
(Also Complete Part 6)

Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

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

2692 Topaz Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Imperial

Ca

92251

760-693-8179

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

electsupsupervisor2@gmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

adriana@kirbybusinesssolutions.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 Date 10/24/2024
By Adriana Murillo-Kirby
Signature of Treasurer or Assistant Treasurer
By John D. Cardenas
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____
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

**Recipient Committee
Campaign Statement
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

1767 South 21st Street El Centro Ca 92243

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

Board of Supervisor - 2 -

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF TREASURER

OFFICE SOUGHT OR HELD

SUPPORT

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>09-22-2024</u>	CALIFORNIA FORM 460
through <u>10-19-2024</u>	Page <u>3</u> of <u>7</u> I.D. NUMBER <u>1463837</u>

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>4800.00</u>	\$ <u>31462.39</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>4800.00</u>	\$ <u>31462.39</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>1004.44</u>	\$ <u>14508.88</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>5804.44</u>	\$ <u>45,971.27</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>4,010.00</u>	\$ <u>24,478.63</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>4,010.00</u>	\$ <u>24,478.63</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>4,010.00</u>	\$ <u>24,478.63</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>9379.46</u>
13. Cash Receipts	Column A, Line 3 above	\$ <u>4,800.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>4010.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>10,169.46</u>

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

Cash Equivalents and Outstanding Debts

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

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).

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

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

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

CALIFORNIA FORM 460	
Statement covers period from <u>09-22-2024</u>	to whole dollars.
through <u>10-19-2024</u>	Page <u>4</u> of <u>7</u>
NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2024	I.D. NUMBER 1463837
SEE INSTRUCTIONS ON REVERSE	

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 4,800.00
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 \$ 4,800.00

SUBTOTAL \$ 4,800.00

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee	*Contributor Codes
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**Schedule C
Nonmonetary 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>09-22-2024</u>		through <u>10-19-2024</u>	
		Page <u>5</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* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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)
							from _____ to _____
09-25-24	Ivonne Sotomayor 619 Flying Cloud Drive Imperial, Ca. 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Ivonne Sotomayor Santos Consulting	Campain Advertising	\$1,004.44	\$2,008.88	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,004.44

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ 1,004.44
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00
- 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 \$ 1,004.44**

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 09-22-2024
through 10-19-2024

CALIFORNIA
FORM
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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

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
KXO Radio 420 Main St. El Centro, Ca. 92243	RAD	Check Number 1069	\$640.00
Lamar 1277 E. 21st. Street Yuma, Az. 85365	CMP	Check Number 1070	\$1,150.00
Aaron Cuevas Heber Parent Baseball League - Team Sponsorship	CTB	Check Number 1065	\$100.00
Entravision 1803 N. Imperial Ave. El Centro, Ca. 92243	RAD TEL		\$2,120.00

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

SUBTOTAL \$ 4,010.00

