

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

| | | | |
|--|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | | Date Stamp Imperial County OCT 24 2024 Page 1 of 7 For Official Use Only | |
| Statement covers period from 09-22-2024 through 10-19-2024 | | Date of election if applicable: (Month, Day, Year) 11-05-2024 | |

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"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled Sponsored |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| (Also Complete Part 5) | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Officeholder Committee |
| <input type="checkbox"/> Small Contributor Committee | <input type="checkbox"/> Political Party/Central Committee |
| (Also Complete Part 7) | |

2. Type of Statement:

| | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | |
| (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

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

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

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

Adriana Murillo-Kirby

MAILING ADDRESS

2692 Topaz Street

CITY

Imperial

STATE

Ca

ZIP CODE

92251

AREA CODE/PHONE

760-693-8179

STREET ADDRESS (NO P.O. BOX)

1767 South 21st. Street

CITY

El Centro

STATE

Ca

ZIP CODE

92243

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

electsupervisor2@gmail.com

NAME OF TREASURER

Adriana Murillo-Kirby

MAILING ADDRESS

2692 Topaz Street

CITY

Imperial

STATE

Ca

ZIP CODE

92251

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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

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

Executed on 10/24/2024

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Official of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPCC Form 460 (Jan/2016)

FPCC Advice: advice@fpcc.ca.gov (866-275-3772)

www.fppc.ca.gov

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 |
| 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 | |
| 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? |
| 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? |
| 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 |
| | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 | OFFICE SOUGHT OR HELD | <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Martha Cardenas-Singh | Board of Supervisor - 2- | |
| 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 |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

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

CALIFORNIA
FORM 460

Page 3 of 7

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

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

| | | |
|----------------------------|------------------|-------------|
| 20. Contributions Received | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

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

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 \$ 9379.46 |
| 13. Cash Receipts | Column A, Line 3 above 4,800.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 0.00 |
| 15. Cash Payments | Column A, Line 8 above 4010.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,169.46 |

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
\$ 0.00

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 |

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 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.

Amounts may be rounded to whole dollars.

**CALIFORNIA
FORM
460**Page 4 of 7

I.D. NUMBER

1463837

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|----------------------|---|---|--|-----------------------------|--|---|
| 10-07-2024 | Statewide Services, Inc. 47050 Washington St. La Quinta, Ca. 92253-2635 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,800.00 | | |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 4,800.00 | | | | | | |

***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

- | | |
|---|--------------------------|
| 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 |

Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA
FORM
460

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

Page 5 of 7

I.D. NUMBER
1463837

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,004.44

- ..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
460

Page 6 of 7

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.

| | | | | | |
|-----|---|-----|---|-----|---|
| 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 |
| FLC | 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 |
| SUBTOTAL \$ 4,010.00 | | | | |

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

Amounts may be rounded to whole dollars.

CALIFORNIA
FORM
460

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

Page 7 of 7
I.D. NUMBER

I.D. NUMBER
14633837

| | | | | | |
|-----|---|-----|---|-----|---|
| 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) |

[illegible]

SUBTOTAL \$ 0.00

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 4,010.00 |
| 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 \$ 4,010.00 |