

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA 460 FORM**

Date Stamp

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

<b>Statement covers period</b>	<b>Date of election if applicable (Month, Day, Year)</b>
from <u>January 21st, 2024</u>	March 5th, 2024
through <u>February 17, 2024</u>	

**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  
(Also Complete Part 6)

Small Contributor Committee  
 Political Party/Central Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Prelection Statement  
 Semi-annual Statement  
(Also file a Form 410 Termination)

Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER:  
1463837

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)  
600 [REDACTED]  
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)  
600 [REDACTED]  
 CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]  
 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
electsupervisor2@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 2/22/24

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

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

COVER PAGE - PART 2  
**CALIFORNIA 460  
FORM**

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**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 \_\_\_\_\_

1 \_\_\_\_\_ B \_\_\_\_\_

**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  
CONTROLED 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-	
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

**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 PROPOONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded  
 to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>	SUMMARY PAGE
from <u>January 21st, 2024</u>		Page <u>03</u> of <u>9</u>	I.D. NUMBER
through <u>February 17, 2024</u>			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

**Contributions Received**

**Column A**  
 (FROM ATTACHED SCHEDULES)

**Column B**  
 CALENDAR YEAR  
 TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>6,750.00</u>	\$ <u>12,500.00</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	<u>Add Lines 1 + 2</u>	\$ <u>6,750.00</u>	\$ <u>12,500.00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>5,000.00</u>	\$ <u>12,000.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<u>Add Lines 3 + 4</u>	\$ <u>11,750.00</u>	\$ <u>24,500.00</u>

**Expenditures Made**

**Column A**  
 (Schedule E, Line 4)

**Column B**  
 CALENDAR YEAR  
 TOTAL TO DATE

6. Payments Made.....	\$ <u>8181.06</u>	\$ <u>13,955.84</u>
7. Loans Made.....	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	\$ <u>8181.06</u>	\$ <u>13,955.84</u>
9. Accrued Expenses (Unpaid Bills) .....	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment.....	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	\$ <u>8181.06</u>	\$ <u>13,955.84</u>
12. Beginning Cash Balance .....	\$ <u>0.00</u>	\$ <u>0.00</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>6,750.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>8181.06</u>
16. ENDING CASH BALANCE .....	<u>Add Lines 12 + 13 + 14, then subtract Line 15</u>	\$ <u>6,750.00</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>

**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

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).

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



**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
 to whole dollars.

Statement covers period from <u>January 21st, 2024</u>		C A L I F O R N I A <b>460</b> F O R M	
through <u>February 17, 2024</u>		Page <u>5</u>	of <u>9</u>
		I.D. NUMBER	
		1463837	

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

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 ID 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)												
							<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input checked="" type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input checked="" type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC			
02/20/24	NJB COMPANIES 408 WEST UNIVERSITY AVENUE GAINSVILLE, FLORIDA 32601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			FACEBOOK ADVERTISING		\$1,079.99	\$1,079.99		\$1,079.99									
02/21/24	NJB COMPANIES 408 WEST UNIVERSITY AVENUE GAINSVILLE, FLORIDA 32601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			FACEBOOK ADVERTISING		3,920.01	3,920.01		3,920.01									
		<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																	

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

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period		CALIFORNIA FORM 460	
from	January 21st, 2024	Page	06 of 09
through	February 17, 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.  
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

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER ID NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JASON HISEL 380 E. BARIONI BLVD. IMPERIAL, CA 92251	FND		1,500.00
WELLS FARGO 1200 MAIN ST EL CENTRO, CA 92243	CMP		10.00
RICARDO CAMARILLO 687 S. 61TH ST. EL CENTRO, CA 92243	CMP		250.00
BRAWLEY AMERICAN CITIZENS CLUB 890 B STREET, BRAWLEY, CA 92227	CVC		100.00
OCOTILLO OPTIMIST CLUB P.O. BOX 296, OCOTILLO, CA 92259	CMP		200.00
	+		
		SUBTOTAL \$	2,060.00

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

**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	January 21st, 2024	through	February 17, 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/house 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
GERARDO VENEGAS P.O. BOX HEBER, CA 92249	TEL			300.00
RICARDO CAMARILLO 687 S. 6TH ST. EL CENTRO, CA 92243	CMP			125.00
MARIA DOMINGUEZ 1293 JONES STREET, BRAWLEY, CA 92227	CMP			550.00
VICTORY OUTREACH CHURCH 625 W. STATE STREET, EL CENTRO, CA 92243	CMP			500.00
CECILIA GASTELO 110 W. C STREET BRAWLEY, CA 92227	CMP			400.00
<b>SUBTOTAL \$</b>				1,875.00

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

**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

**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
LTT	campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BD STUDIOS 1202 MANUEL A ORTIZ, EL CENTRO, CA 92243	TEL			1,000
IV HUMANE SOCIETY 1585 W. PICO AVE, EL CENTRO, CA 92243	CVC			100.00
LINDA SHARP 215 N. IMPERIAL AVE, APT. 173, EL CENTRO, CA 92243	CMP			250.00
MARIBEL PUENTES 111 E. STREET, CALEXICO, CA 92231	CMP			200.00
KIRBY BUSINESS SOLUTIONS 1470 S. IMPERIAL AVE, SUITE A&B EL CENTRO, CA 92243	PRO			500.00

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

**SUBTOTAL \$ 2,050.00**

STATEMENT COVERS PERIOD	CALIFORNIA FORM 460
from _____	through _____
Page _____ of _____	I.D. NUMBER

**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	January 17, 2024	Page	9 of 9
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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

(If committee, also enter I.D. number)

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/house 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 CONTENT CREATOR	AMOUNT PAID
MARCIE LANDEROS 1858 MAIN STREET, SEELEY, CA 92273			500.00
IVONNE SOTOMAYOR 619 FLYING CLOUD DRIVE, IMPERIAL, CA 92251	+	LIT	1,446.06
RICARDO JAMRULLO 687 S. 6TH STREET, EL CENTRO, CA 92243	CMP		250.00

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

**SUBTOTAL \$** 2,196.06