

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Robert Menvielle			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Assessor			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[REDACTED]			

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	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
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

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2023 through 6/30/2023	CALIFORNIA FORM 460
NAME OF FILER Committee To Elect Robert Menvielle County Assessor 2014	Page 3 of 7	I.D. NUMBER 1358660

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	0.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	840.00	840.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	840.00	840.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	840.00	840.00

Expenditures Made

6. Payments Made..... Schedule E, Line 4	1,931.15	\$ 1,931.15
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	1,931.15	1,931.15
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	1,931.15	1,931.15

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	1,057.22	\$ 1,057.22
13. Cash Receipts..... Column A, Line 3 above	840.00	840.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00	0.00
15. Cash Payments..... Column A, Line 8 above	1,931.15	1,931.15
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	30.01	\$ 30.01

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

LOAN GUARANTEES RECEIVED

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

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

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$
/ /	\$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 1/1/2023
through 6/30/2023

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FORM

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1358660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Robert Menzies County Assessor 2014

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 0.00

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 \$ 0.00

*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 B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B – PART 1

CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2014

Statement covers period
from 1/1/2023
through 6/30/2023

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I.D. NUMBER

1358660

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Menvielle [REDACTED]	County Assessor Imperial County	63,541.92	840.00	☐ PAID \$ ☐ FORGIVEN	64,481.92	0.00	\$	\$
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE	RATE	DATE INCURRED	PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE	RATE	DATE INCURRED	PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE	RATE	DATE INCURRED	PER ELECTION**

SUBTOTALS \$ 840.00 \$ 64,481.92 \$

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period 840.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 840.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 1/1/2023
through 6/30/2023

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2014

I.D. NUMBER
1358660

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
GM Card P.O. Box 60507 City of Industry, CA 91716-0507			Pmt on 2014 campaign debt	503.04
Home Depot Credit Services P.O. Box 6764 Sioux Falls, SD 57117	CMP			487.11
California Secretary of State 1500 11th St., Rm 495 Sacramento, C 95814A			2023 Annual Filing Fee	50.00

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

SUBTOTAL \$ 1,040.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	1,931.15
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 \$ 1,931.15

