

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp Registration of Voters JUL 31 2024 Imperial County	CALIFORNIA FORM 460
Page 1 of 6	For Official Use Only

Date of election if applicable:
(Month, Day, Year)
N/A

Statement covers period
from 1/1/24
through 6/30/24

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
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1358660

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

Committee To Elect Robert Menvielle County Assessor 2014

Treasurer(s)

NAME OF TREASURER

Robert Menvielle

MAILING ADDRESS

██████████ 3

CITY

STREET ADDRESS (NO P.O. BOX)

██████████

STATE

ZIP CODE

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Lisa Yturralde

MAILING ADDRESS

██████████

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

rfmenvielle@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

Executed on 7/31/24

Date

By

Executed on 7/31/24

Date

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

Date

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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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

Statement covers period

from 1/1/24

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through 6/30/24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Robert Menvielle County Assessor 2014

I.D. NUMBER

1358660

Contributions Received

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

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 2,900.00 2,900.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 2,900.00 \$ 2,900.00
4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 2,900.00 \$ 2,900.00

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made Schedule E, Line 4 \$ 2,891.46 \$ 2,891.46
7. Loans Made Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 2,891.46 \$ 2,891.46
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 \$ 2,891.46 \$ 2,891.46

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 \$ 55.01
13. Cash Receipts Column A, Line 3 above 2,900.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00
15. Cash Payments Column A, Line 8 above 2,891.46
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 63.55
If this is a termination statement, Line 16 must be zero.

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.

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

Amounts may be rounded to whole dollars.

SCHEDULE A

***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

SUBTOTAL \$

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
2. Amount received this period – unitemized monetary contributions
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column 1.)

..TOTAL \$ 0.00

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

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NAME OF FILER
Committee To Elect Robert Menvielle County Assessor 2014

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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 RATE	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Menvielle [REDACTED]	County Assessor Imperial County	65,081.92	2,900.00	☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	67,981.92	%	\$	\$
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						%	\$	\$
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						%	\$	\$
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						%	\$	\$

SUBTOTALS	\$ 2,900.00	\$ 0.00	\$ 67,981.92	\$
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(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 2,900.00
(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 \$ 2,900.00
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

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/24 through 7/31/24	CALIFORNIA 460 FORM
NAME OF FILER Committee To Elect Robert Menvielle County Assessor 2014	Page 6 of 6 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 | posting, 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
California Secretary of State			Annual committee fee	50.00
Rabobank Card Fargo, ND 58125-6352			Payoff 2014 campaign debt	2,841.46

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

SUBTOTAL \$ 2,891.46

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,891.46
- Unitemized payments made this period of under \$100..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$ 2,891.46**