

Recipient Committee Campaign Statement Cover Page

Date Stamp
RECEIVED
AUG 01 2022

Page 1 of 7
For Official Use Only

Statement covers period
from 07/01/2022
through 07/30/2022

Date of election if applicable:
(Month, Day, Year)
06/07/2022

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
 (Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

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)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Committee to ReElect Cardenas for Imperial Irrigation District 2022-Division 1

I.D. NUMBER
 1444477

Treasurer(s)

NAME OF TREASURER
 Karina B Alvarez

MAILING ADDRESS
 [REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY
 Charles Fisher

MAILING ADDRESS
 [REDACTED]

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

STREET ADDRESS (NO P.O. BOX)
 [REDACTED]

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

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

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

OPTIONAL: FAX/E-MAIL ADDRESS
 [REDACTED]

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

Executed on 8/01/2022 Date
 Executed on 8/01/2022 Date
 Executed on _____ Date
 Executed on _____ Date

By [Signature] Assistant Treasurer
 Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Alex Cardenas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation-District Director - Division 1

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 Alex Cardenas	OFFICE SOUGHT OR HELD IID Director Div 1	<input checked="" 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
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 07/01/2022

through 07/30/2022

CALIFORNIA
FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to ReElect Cardenas for Imperial Irrigation District 2022-Division 1

I.D. NUMBER

1444477

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

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	1/1 through 6/30	7/1 to Date
1. Monetary Contributions	Schedule A, Line 3 \$ 1,510.00	\$ 48,217.31		
2. Loans Received	Schedule B, Line 3 0.00	0.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,510.00	\$ 48,217.31		
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	12,451.07		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,510.00	\$ 60,668.38		

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,510.93	\$ 48,217.31		
7. Loans Made	Schedule H, Line 3 0.00	0.00		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,510.93	\$ 48,217.31		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00		
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	12,451.07		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,510.93	\$ 60,668.38		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# 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 \$ 0.93
13. Cash Receipts	Column A, Line 3 above 1,510.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 1,510.93
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0.00

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
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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 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 A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA **460**
FORM

Statement covers period
from 07/01/2022
through 07/30/2022

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
1444477

Committee to ReElect Cardenas for Imperial Irrigation District 2022-Division 1

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)
	See attached list designated as Page 5	<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1,510.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,510.00

*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

Cardenas for IID 2022
SCHEDULE A - DEPOSITS RECEIVED
July 1 - 30, 2022

Type	Date	Numb	Name	Name Address	Name City	Name State	Name Zip	Memo	Split	Debit	Credit	Balance
ALL MON - All Monetary Income												
43400 - Direct Public Support												
Sch A - Schedule A Income												
IND100+ - Individual-over \$100(+address)												
Deposit	07/24/2022	2777	Cardenas, Alex								750.00	750.00
Deposit	07/28/2022	cash	Cardenas, Alex								760.00	1,510.00
Total IND100+ - Individual-over \$100(+address)								candidates candidates	10001 - Mecha... 10001 - Mecha...	0.00	1,510.00	1,510.00
Total Sch A - Schedule A Income										0.00	1,510.00	1,510.00
Total 43400 - Direct Public Support										0.00	1,510.00	1,510.00
Total ALL MON - All Monetary Income										0.00	1,510.00	1,510.00
TOTAL										0.00	1,510.00	1,510.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to ReElect Cardenas for Imperial Irrigation District 2022-Division 1

Statement covers period
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through 07/30/2022

Page 6 of 7

I.D. NUMBER
144477

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 | TSF | 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
See attached list designated as Page 7				
SUBTOTAL \$				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,500.93
- Unitemized payments made this period of under \$100 \$ 10.00
- 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 \$ 1,510.93**

Cardenas for IID 2022
SCHEDULE E - PAYMENTS MADE
July 1 - 30, 2022

Type	Date	Num	Name	Name Address	Name City	Name State	Name Zip	Memo	Debit	Balance
ALL CAM - ALL CAMPAIGN										
CAMPAIG - Campaign Expenses										
PRO - Professional services-legal/acc										
Check	07/22/2022	1005	Karina B. Alvarez						750.00	750.00
Check	07/29/2022	2008...	Karina B. Alvarez						750.93	1,500.93
			Total PRO - Professional services-legal/acc						1,500.93	1,500.93
			Total CAMPAIG - Campaign Expenses							
			U100 - Under \$100							
Check	07/29/2022	2008...	Mechanics bank	1448 Main Street El Centro, CA 92243	El Centro	CA	92243	cashier chec...	10.00	10.00
			Total U100 - Under \$100						10.00	10.00
			Total ALL CAM - ALL CAMPAIGN						1,510.93	1,510.93
			TOTAL						1,510.93	1,510.93