Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/22/2022
through 06/30/2022

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

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:

- ☑ Preelection 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
1446946

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

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

[redacted]
STATE ZIP CODE AREA CODE/PHONE
[redacted]

rfmenvielle@gmail.com

Treasurer(s)

NAME OF TREASURER
ROBERT MENVIELLE
MAILING ADDRESS
[redacted]
STATE ZIP CODE AREA CODE/PHONE
[redacted]

AMANDA RODRIGUEZ
MAILING ADDRESS
[redacted]
STATE ZIP CODE AREA CODE/PHONE
[redacted]

robertmenvielle4assessor@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 forego[redacted]

Executed on 07-31-2022 (Date) By [redacted]

Executed on 07-31-2022 (Date) By [redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on ______ (Date) By ______ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ______ (Date) By ______ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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]3

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
COMMITTEE TO ELECT ROBERT MENVIELLE	1358660
NAME OF TREASURER	CONTROLLED COMMITTEE?
ROBERT MENVIELLE	☑ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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 05/22/2022
through 06/30/2022

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 3,444.00	$ 9,125.00
2. Loans Received	*Schedule B, Line 3*	18,800.00	24,863.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 22,244.00	$ 33,988.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 22,244.00	$ 33,988.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 21,698.39	$ 33,339.89
7. Loans Made	*Schedule H, Line 3*	0.00	
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 21,698.39	$ 33,339.89
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	3,656.40	15,555.59
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 25,354.79	$ 48,895.48

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 102.00
13. Cash Receipts	*Column A, Line 3 above*	22,244.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	21,698.39
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 647.61

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 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).

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)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*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 FORM 460

Statement covers period
from 05/22/2022
through 06/30/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE CONTY ASSESSOR 2022

I.D. NUMBER
1446946

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)
5/23/22	Steve and Brenda Scaroni P.O. Box 1550 Heber, CA 92249	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business & property owners	500.00	500.00	
5/24/22	Imperial County Association of Realtors 1850 W. Main Street El Centro, CA 92243	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
6/3/22	Ralph and Nancy Strahm Family Trust 2023 Fairway Drive Holtville, CA 94450	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business & property owners	500.00	500.00	
6/3/22	James K. Graves Brawley, CA 92227	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney - Ewing, Johnson & Graves	100.00	100.00	
6/6/22	Kenneth & Valerie Claverie 525 D Anderholt Road Calexico, CA 92231	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business & property owners	250.00	250.00	
			SUBTOTAL $	1,850.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,800.00

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 644.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3,444.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 05/22/22
through 06/30/22

CALIFORNIA FORM 460

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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)
6/6/22	Gary and Jane Glud 776 Centinella Drive El Centro, CA 92243	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Property owners	100.00	100.00	
6/6/22	George and Aleta Shropshire P.O. Box 907 Imperial, CA 92251-0907	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Property owners	500.00	500.00	
6/6/22	Valamar Apartments 342 A Street Brawley, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	250.00	
6/10/22	Gregory S & Michele A. Smith 633 Terrace Circle Brawley, CA 92227	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business & property owners	100.00	100.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $ 950.00			

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 05/22/2022
through 06/30/2022

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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] †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COUNTY ASSESSOR IMPERIAL COUNTY	$ 6,063.00	$ 18,800.00	☐ PAID $ 0.00 ☐ FORGIVEN $	$ 24,863.00 DATE DUE	% RATE $ 0.00	$ 3,063.00 DATE INCURRED	CALENDAR YEAR $ 24,863.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$ 18,800.00	$		$ 24,863.00	$ 0.00		

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

Schedule B Summary

1. Loans received this period ..... $ 18,800.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. 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.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 18,800.00
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*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 05/22/2022
through 06/30/2022

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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
Imperial Printers 430 Main Street El Centro, CA 92243	CMP	Campaign material	4,649.17
KXO Radio 420 Main Street El Centro, CA 92243	RAD	Campaign advertising	384.00
Imperial Valley Press 205 N. 8th Street El Centro, CA 92243	PRT	Campaign advertising	437.50

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

SUBTOTAL $ 5,470..67

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 21,698.39
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 $** 21,698.39

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 05/22/2022
through 06/30/2022

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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/spouse 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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holtville Tribune 1239 W. Main Street El Centro, CA 92243	PRT	Campaign advertising	494.00
John F. Menvielle Farms 1272 E. Jasper Road Heber, CA 92249	CMP	Campaign sign installation & maintenace	5,050.00
Imperial Printers 430 W. Main Street El Centro, CA 92243	LIT	Campaign literature and mailings	10,673.72
Mechanics Bank El Centro, CA 92243		Checking account service charge	10.00

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

SUBTOTAL $ 16,227.72

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from 05/22/2022
through 06/30/2022

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLE COUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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/spouse 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Desert Review Brawley, CA 92243	PRT	0.00	150.00	0.00	150.00
Citi Card Phoenix, AZ 85062-8019	PRT	0.00	250.00	0.00	250.00
John F. Menvielle Farms Heber, CA 92249	CMP	5,050.02	3,256.40	5,050.02	3,256.40
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS**	$ 5,050.02	$ 3,656.40	$ 5,050.02	$ 3,656.40

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 3,656.40

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** -20,372.91

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** (16,716.51)
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 05/22/2022
through 06/30/2022

CALIFORNIA FORM **460**

NAME OF FILER
COMMITTEE TO ELECT ROBERT MENVIELLECOUNTY ASSESSOR 2022

I.D. NUMBER
1446946

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/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Imperial Printers El Centro, CA 92243	CMP & LIT	4,649.17	10,673.72	15,322.89	0.00
SUBTOTALS $		4,649.17	$ 10,673.72	$ 15,322.89	$ 0.00