

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA 460
FORM

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For Official Use Only

SEP 26 2024

Imperial
County

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

11/05/2024

Statement covers period
from 07-01-2024

through 09-21-2024

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:

- ☒ 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
1463837

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

Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2004

Treasurer(s)

NAME OF TREASURER

Adriana Murillo-Kirby

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE

AREA CODE/PHONE

STATE ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

CITY

STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

electsupervisor2@gmail.com

adriana@kirbybusinessolutions.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 9/26/2024

Date

Executed on 9/26/2024

Date

Executed on

Date

Executed on

Date

By

By

By

By

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

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

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

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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 - 2004
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
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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 Martha Cardenas-Singh	OFFICE SOUGHT OR HELD Board of Supervisor - 2-	☒ 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

NAME OF FILER
Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2004

Statement covers period
from 07-01-2024
through 09-21-2024

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I.D. NUMBER
1463837

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 929.39 \$	21662.39 \$
2. Loans Received.....	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 929.39 \$	21662.39 \$
4. Nonmonetary Contributions.....	Schedule C, Line 3 1,504.44	13504.44
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 2433.83 \$	35166.83 \$

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 909.25 \$	20,468.63 \$
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 909.25 \$	20,468.63 \$
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 909.25 \$	20,468.63 \$

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 9379.46 \$
13. Cash Receipts.....	Column A, Line 3 above 929.39
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00
15. Cash Payments.....	Column A, Line 8 above 909.25
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 9399.60 \$
If this is a termination statement, Line 16 must be zero.	

LOAN GUARANTEES RECEIVED

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 \$

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

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 07-01-2024 through 09-21-2024		CALIFORNIA 460 FORM	
NAME OF FILER Committee to Elect Cardenas-Singh Board of Supervisor - 2 - 2024		Page 4 of 7		I.D. NUMBER 1463837	

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)
08-19-2024	Enedina Cardenas - Donation Back to School Event	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Wensley Ave. El Centro, Ca. 92243	\$263.50		
09-03-2024	Martha Cardenas- Singh - Crazy Taco Meet and Greet Event	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self [REDACTED]	338.00		
09-12-2024	Martha Cardenas-Singh - Sobes Meet & Greet Event	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self [REDACTED]	327.89		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 929.39						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 929.39

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 \$ 929.39

*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 C

Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Statement covers period from 07-01-2024 through 09-21-2024		CALIFORNIA FORM 460 Page 5 of 7 I.D. NUMBER 1463837	
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 I.D. NUMBER)	CONTRIBUTOR CODE * ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	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)
07-29-24	Adriana Murillo-Kirby 1472 N. Imperial Ave. El Centro, Ca. 92243	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Kirby Business Solutions	Bookkeeping Services	\$500.00	\$500.00	
09-18-24	Ivonne Sotomayor 619 Flying Cloud Drive Imperial, Ca. 92251	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Ivonne Sotomayor Santos Consulting	Campaign Advertising	\$1,004.44	\$1,004.44	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
SUBTOTAL \$ 1504.44							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ 1504.44

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ 1504.44

*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 E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07-01-2024 through 09-21-2024	CALIFORNIA 460 FORM
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER	I.D. NUMBER 1463837

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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)	
DTK Print 1038 S. 14th St. El Centro, Ca. 92243	CMP		\$159.25
Imperial County Election Office 940 W. Main St. El Centro, Ca. 92243	CMP		\$300.00
Heber Soccer League - Team Sponsorship	CTB		\$100.00
Valley Crafts El Centro, Ca. 92243	CMP		350.00
SUBTOTAL \$ 909.25			

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

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 07-01-2024
through 09-21-2024

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I.D. NUMBER

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

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

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	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

SUBTOTAL 0.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 909.25
- 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 \$ 909.25