

Recipient Committee Campaign Statement Cover Page

COVER PAGE

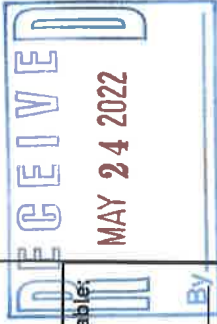
CALIFORNIA
FORM

460

Page 1 of 17

For Official Use Only

Date Stamp



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

06/07/2022

Statement covers period

from 01/01/2022

through 04/23/2022

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

1405181

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

CMTE to Elect Jesus Escobar Imperial County Supervisor Dist 1

Treasurer(s)

NAME OF TREASURER

Jesus Eduardo Escobar

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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 05/24/2022

Date

Executed on 05/24/2022

Date

Executed on

Date

Executed on

Date

Treasurer or Assistant Treasurer

State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM
460

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Jesus Eduardo Escobar			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Imperial County Supervisor District 1			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

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 PROONENT	
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

NAME OF FILER
CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

Statement covers period
from 01/01/2022
through 04/23/2022

CALIFORNIA FORM 460
Page 3 of 17
I.D. NUMBER
1405181

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	0
2. Loans Received.....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0	0
4. Nonmonetary Contributions.....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0	0

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 0	0
7. Loans Made.....	Schedule H, Line 3	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 0	0
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	1463
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 1463	1463

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 2385
13. Cash Receipts.....	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above 0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2385
If this is a termination statement, Line 16 must be zero.	

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 4463

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
20. Contributions Received \$ 0	1/1 through 6/30 7/1 to Date \$ 0
21. Expenditures Made \$ 1463	\$ 0

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

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

Statement covers period

from 01/01/2022

through 04/23/2022

Page 4 of 17

I.D. NUMBER

1405181

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

☐ IND
☐ COM
☐ OTH
☐ PTY
☐ SCC

SUBTOTAL \$

Schedule A Summary

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

*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 <u>01/01/2022</u> through <u>04/23/2022</u>		CALIFORNIA FORM 460		Page <u>5</u> of <u>17</u>
NAME OF FILER CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1		I.D. NUMBER 1405181		

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 \$				2000		
-------------	--	--	--	------	--	--

*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 may be rounded to whole dollars.

NAME OF FILER

through 04/23/2022

Page 6 of 17

I.D. NUMBER

1405181

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

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

IND - Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC – Small Contributor Committee

NET \$ 0
(May be a negative number)

**** If required.**

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA **460**
FORM

Statement covers period
from 01/01/2022
through 04/23/2022

Page 7 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER

1405181

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on
Summary Page,
Line 17 only.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA
FORM 460

Statement covers period

from 01/01/2022

through 04/23/2022

Page 8 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

1405181

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	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					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)\$
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$
- 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 \$

*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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period
from 01/01/2022
through 04/23/2022

Page 9 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER

1405181

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$
- Unitemized contributions and independent expenditures made this period of under \$100..... \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL... \$

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>01/01/2022</u>		CALIFORNIA 460 FORM
through <u>04/23/2022</u>		
Page <u>10</u> of <u>17</u>		

NAME OF FILER CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1	I.D. NUMBER 1405181
--	----------------------------

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SUBTOTAL \$						
-------------	--	--	--	--	--	--

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

Statement covers period
from 01/01/2022
through 04/23/2022

Page 11 of 17
I.D. NUMBER
1405181

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 OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period of under \$100 \$ 170
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 170

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2022
through 04/23/2022

CALIFORNIA 460
FORM

Page 12 of 17

I.D. NUMBER
1405181

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

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

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

SUBTOTAL \$

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2022
through 04/23/2022

CALIFORNIA 460
FORM

Page 13 of 17

I.D. NUMBER
1405181

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

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 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
Home Depot Credit Services PO Box 78011 Phoenix, AZ 85062-8011	CMP	0	1017.88	0	1018
Grafitcolor Avenida Madereros Sur 2075 Colonia Libertad Mexicali, BC	CMP	0	445	0	445

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

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 \$	1463
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 \$	0
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 \$	1463

May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

CALIFORNIA
FORM 460

Statement covers period
from 01/01/2022

through 04/23/2022
Page 14 of 17

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER

1405181

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)

* 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

SUBTOTALS \$ \$ \$ \$

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

1405181

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOTAL * \$				

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period from 01/01/2022 through 04/23/2022		CALIFORNIA FORM 460	
		Page 16 of 17	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER 1405181

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** \$
		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** \$
SUBTOTALS		\$	\$	\$	\$	\$	\$	\$

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

- Loans made this period.....\$
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM 460

Statement covers period
from 01/01/2022
through 04/23/2022

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER

1405181

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$
- Unitemized increases to cash of under \$100 this period. \$
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$