

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Recistar
Date Stamp
of Voters

AUG 06 2025

Imperial County

CALIFORNIA FORM 460

Page 1 of 17

For Official Use Only

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

06/07/2022

Statement covers period
from 01/01/25
through 06/30/2025

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

[REDACTED]

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

[REDACTED]

STATE ZIP CODE

AREA CODE/PHONE

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STATE ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

[REDACTED]

CITY

STATE ZIP CODE

AREA CODE/PHONE

[REDACTED]

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

Executed on 08/06/2025
Date

By [REDACTED]
Treasurer or Assistant Treasurer

Executed on 08/06/2025
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

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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
[REDACTED]	[REDACTED]	[REDACTED]	[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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

Statement covers period

from 01/01/25

through

06/30/2025

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I.D. NUMBER

1405181

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

1. Monetary Contributions	Schedule A, Line 3	0	\$	0	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3		\$			
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	0	\$	0		0
4. Nonmonetary Contributions	Schedule C, Line 3		\$			
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	0	\$	0		0

Expenditures Made

Expenditure Limit Summary for State
Candidates

6. Payments Made	Schedule E, Line 4	2	\$	2		
7. Loans Made	Schedule H, Line 3	0	\$	0		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	2	\$	2		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	\$	0		
10. Nonmonetary Adjustment	Schedule C, Line 3	0	\$	0		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	2	\$	2		

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	4009	\$
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	2	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	4007	\$

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).

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		\$

*Amounts in this section may be different from amounts reported in Column B.

Amounts may be rounded to whole dollars.

Monetary Contributions Received

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of

NAME OF FILER

1405181

PER ELECTION
TO DATE
(IF REQUIRED)

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

Schedule A Summary

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

3. Total monetary contributions received this period. . . .

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$**_____

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/25
through 06/30/2025

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I.D. NUMBER
1405181

NAME OF FILER
CMTE to elect Jesus Escobar Imperial County Supervisor Dist 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)
		☐ 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 \$

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

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through 06/30/2025

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I.D. NUMBER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, 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
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____ 0	☐ PAID \$ _____ ☐ FORGIVEN	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** _____
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION** _____
SUBTOTALS \$ \$ \$ \$ \$									

Schedule B Summary

- | | |
|---|---------------|
| 1. Loans received this period | \$ |
| (Total Column (b) plus unitemized loans of less than \$100.) | |
| 2. Loans paid or forgiven this period | \$ |
| (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 \$ |
| 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.

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Schedule B – Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 01/01/25
through 06/30/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

FULL NAME, STREET ADDRESS AND
ZIP CODE OF GUARANTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

I.D. NUMBER

1405181

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

Statement covers period

from 01/01/25

through 06/30/2025

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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, 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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

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

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 01/01/25 through 06/30/2025		CALIFORNIA 460 FORM	
NAME OF FILER		Page 9 of 17		I.D. NUMBER 1405181	
CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1					

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

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$
2. Unitemized contributions and independent expenditures made this period of under \$100 \$
3. 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 01/01/25

through 06/30/2025

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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 \$

FPPC Form 460 (Jan/2016)

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Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

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Statement covers period
from 01/01/25
through 06/30/2025

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SEE INSTRUCTIONS ON REVERSE
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) |

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

Schedule E Summary

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/25 through 06/30/2025*	CALIFORNIA FORM 460
NAME OF FILER CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1	Page 12 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.	MBR	member communications	RAD	radio airline 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 airline 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.

Statement covers period
from 01/01/25
through 06/30/2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

I.D. NUMBER

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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

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

SUBTOTALS \$ \$ \$

Schedule F Summary

- 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 \$
- 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 \$
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)NET \$

May be a negative number

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

Amounts may be rounded to whole dollars.

Schedule F

(Continuation Sheet)

Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/25</u> through <u>06/30/2025</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>17</u>
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 | PRI | 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 \$		\$	\$	\$	\$

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

CALIFORNIA 460 FORM

Statement covers period
from 01/01/25
through 06/30/2025
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Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CMTE to elect Jesus Escobar Imperial County Supervisor Dist 1

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Attach additional information on appropriately labeled continuation sheets.				TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H
Loans Made to Others*

Amounts may be rounded
to whole dollars.

SCHEDULE H

CALIFORNIA
FORM 460

Statement covers period
from 01/01/25
through 06/30/2025

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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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) 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	CALENDAR YEAR \$ PER ELECTION** \$
		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ 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 01/01/25

through 06/30/2025

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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

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

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