COVER PAGE

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period from August 2024 through December 2024

Date of election if applicable: (Month, Day, Year) 11-5-24

Date Stamp: Registrar of Voters JAN 31 2025 Imperial County

CALIFORNIA FORM 460

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For Official Use Only

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Election Patty Larios

6662 N. Cesar Chavez St.
STREET ADDRESS (NO P.O. BOX)

Brawley CA 92227 (760)550-3460
CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

larios4board@gmail.com
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Lina Otero

MAILING ADDRESS
707 Sequoia Court

Brawley CA 92227 (760)455-4658
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
N/A

CITY STATE ZIP CODE AREA CODE/PHONE

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 _____ Date — By _____ Signature of Treasurer or Assistant Treasurer

Executed on 1/31/24 Date — By _____ 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

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patty Larios

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Brawley Elementary School District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
201 "D" Street, Brawley CA 92227

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
Patty Larios	Trustee	☑ 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 August 2024
through December 2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 2,797	$
2. Loans Received	*Schedule B, Line 3*	2,000	
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4,797	$
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4,797	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$	$ 4,853.58
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$	$
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$	$

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ _____

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 August 1, 2024
through December 31, 2024

Page _____ of _____

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE Committe to Elect Patty Larios

NAME OF FILER Patty Larios

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)
8/20/24	Ralph Duarte 75710 Avenida Esperanza Thousand Palms, CA 92276	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Veterans Rep Riverside County	$300	August 2024	
8/21/24	Adrian Cordova 7150 Lincoln Ave. Riverside, CA 92504	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Mail Man Moreno Valley Post Office	$200	August 2024	
8/22/24	Victor Cordova 9865 Fox Street Riverside, CA 92503	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Electrician VC Electric	$100	August 2024	
8/22/24	Daniel Cordova 1009 El Mirador Drive Fullerton, CA 92835	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor The CarlBrook Group	$200	August 2024	
8/21/24	Javier Cordova 6437 Westview Drive Riverside, CA 92506	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Manager SG Companies	$200	August 2024	
			SUBTOTAL $	1,200		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 1,200
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 $ 1,200

*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

1,200

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from August 1, 2024
through December 31, 2024

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NAME OF FILER
Committee to Elect Patty Larios
Patty Larios

I.D. NUMBER

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)
8/26/24	German Garcia 938 Calle Luna Brawley, CA 9227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Accountant Ag West Yuma, Arizona	$200	August 2024	
8/30/24	Leticia Mendez 480 "D" Street Brawley, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	Johnny's Burritos	$300	August	
	Lump Sum	☒IND ☐COM ☐OTH ☐PTY ☐SCC		$1,097.97		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	1,597.97		

*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 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from August 1, 2024 through December 31, 2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Patty Larios Patty Larios

I.D. NUMBER

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
Gabe Heraz 694 Mulberry Ln. El Centro, CA 92243	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Sales Rep. Emanueli Seed Company Brawley, CA	LENDER Gabe Heraz DATE 8/23/24	$2,000	CALENDAR YEAR $ 2,000 PER ELECTION (IF REQUIRED) $ ____	-0-
	☐ 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 $	2,000	Enter on Summary Page, Line 17 only.	

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from August 2024 through December 2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect Patty Larios
Patty Larios

I.D. NUMBER

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
Jerry Cauna 1110 Magnolia St. Brawley, CA 92227	CMP	Mr. Cauna was paid to post all of my campain signs throughout my city and take them down. Paid by check	$1,800
Sports International Banners	CMP	Paid through Zelle for all my banners	$2,600
Jerry Cauna 1110 Magnolia Brawley, CA 92227	CMP	Paid for all of the paraphernalia for my next campaign. Paid by check	$380
American Citizens Club 890 "B" St Brawley, CA 92227	CVC	Paid for a bike for their annual Christmas Bike Drive	$73.58

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

SUBTOTAL $ 4,853.58