

Recipients Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

DATA Stamp
Registrar
of Voters

CALIFORNIA
FORM
460

Page _____ of _____
For Official Use Only

OCT 08 2024

Imperial
County

Statement covers period
from July 25, 2024
through September 25, 2024

Date of election if applicable:
(Month, Day, Year)
Nov. 5, 24

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)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495
- ☐ Amendment (Explain below)

3. Committee Information

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

I.D. NUMBER
Not yet received

Treasurer(s)

NAME OF TREASURER
Lina Otero

MAILING ADDRESS
[REDACTED]

CITY
[REDACTED] STATE
[REDACTED] ZIP CODE
[REDACTED] AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
N/A

MAILING ADDRESS
[REDACTED]

CITY
[REDACTED] STATE
[REDACTED] ZIP CODE
[REDACTED] AREA CODE/PHONE
[REDACTED]

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 10/8/24 Date

Executed on 10/8/24 Date

Executed on _____ Date

Executed on _____ Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer

By [REDACTED] Signature of Controlling Officeholder/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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 <u>Patty Larios</u>	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) <u>Brawley Elementary School District Trustee</u>	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP
<u>[REDACTED]</u>	<u>[REDACTED]</u>

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 <u>Patty Larios</u>	OFFICE SOUGHT OR HELD <u>Board of Trustees</u>	☒ 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

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

SUMMARY PAGE

Statement covers period
from July 15, 2024
through September 21, 2024

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page of

I.D. NUMBER

CALIFORNIA
FORM 460

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	\$	2,266	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$	2,100		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$			
4. Nonmonetary Contributions	Schedule C, Line 3	\$	4,366		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$			

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$	3,900		
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	\$			

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.

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.			

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

Cash Equivalents and Outstanding Debts

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