

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM 460

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For Official Use Only

Date Stamp

RECEIVED
JUL 07 2023

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

06-07-22

Statement covers period

from 01-01-2023

through 06-30-2023

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:

☒ Pre-election 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

1436167

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

Committee to Elect Fred Miramontes
Imperial County Sheriff - 2022

Treasurer(s)

NAME OF TREASURER

Jesus J. Terrazas

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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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 Fred Miramontes	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Sheriff	DISTRICT NUMBER IF APPLICABLE Imperial County
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
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

Statement covers period

from 01-01-2023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Fred Miramontes
Imperial County Sheriff - 2022

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I.D. NUMBER

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Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

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

Expenditures Made

6. Payments Made Schedule E, Line 4 \$
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

20. Contributions Received 1/1 through 6/30 7/1 to Date \$
21. Expenditures Made \$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

- Date of Election Total to Date
(mm/dd/yy) \$
- \$

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from 01/01/2023

through 06/30/2023

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NAME OF FILER

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Imperial County Sheriff - 2022

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

01/06/2023	Secretary of State 1500 IHG St Rm 495 Sacramento, CA 95814	Fil	Annual Account fee ck # 1137	50.00
04/21/23	IVC Foundation 380 e. Aten Rd. Imperial, CA. 92251	CVC	Donation to scholarship fund ck # 1138	800.00

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

SUBTOTAL \$ 850.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 850.00
- Unitemized payments made this period of under \$100 \$ -
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 850.00