

Recipients Committee
Campaign Statement
Cover Page

COVER PAGE

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CALIFORNIA 460
FORM

Statement covers period
from 07/01/2022
through 09/24/2022

Date of election if applicable:
(Month, Day, Year)
11/02/2022

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 Candidate/
Officeholder Committee
(Also Complete Part 7)
- ☐ Primarily Formed Ballot Measure
Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

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
1454082

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

COMMITTEE TO ELECT ERIK ORTEGA FOR IVC TRUSTEE AREA 7 202

Treasurer(s)

NAME OF TREASURER

CLAUDIA CARRASCO

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

1

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ortega7801@gmail.com

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 09/29/2022

Date

Executed on 09/29/2022

Date

Executed on _____

Date

Executed on _____

Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
ERIK ORTEGA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IVC TRUSTEE AREA 7

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1249 TURQUOISE ST CALEXICO CA 92231

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 PROPOSER

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 07/01/2022

through 09/24/2022

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1454082

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	\$ 0.00	\$ 0.00	1/1 through 6/30	7/1 to Date
2. Loans Received.....	Schedule B, Line 3	\$ 0.00	\$ 0.00		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0.00	\$ 0.00		
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ 0.00	\$ 0.00		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0.00	\$ 0.00		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 0.00	\$ 0.00		
7. Loans Made.....	Schedule H, Line 3	\$ 0.00	\$ 0.00		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 0.00	\$ 0.00		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ 0.00	\$ 0.00		
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ 0.00	\$ 0.00		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00		

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	\$ 67.00
13. Cash Receipts.....	Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ 0.00
15. Cash Payments.....	Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 67.00

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

\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0.00

Amounts may be rounded to whole dollars.

NAME OF FILER

COMMITTEE TO ELECT ERIK ORTEGA FOR IVC TRUSTEE AREA 7 2022

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

CONTRIBU-
CODE

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS)

AMOUNT RECEIVED TH PERIOD

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

PER ELECTION
TO DATE
(IF REQUIRED)

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SCHEDULE A

Schedule A Summary

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

0.00

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

0.00

3. Total monetary contributions received this period.

TOTAL \$ 0.00

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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*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