

# Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

**CALIFORNIA 460**  
**FORM**

Date Stamp  
**Registrar of Voters**  
**SEP 20 2024**  
**Imperial County**

Page 1 of 6  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11.5.2024

Statement covers period  
from 7.1.24  
through 9.21.24

**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

**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)

**3. Committee Information**

I.D. NUMBER 1465833

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Lewis Pacheco  
IID Director D.V. 4

NAME OF TREASURER  
Lewis Pacheco

MAILING ADDRESS  
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY  
[REDACTED]

MAILING ADDRESS  
[REDACTED]

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

OPTIONAL: FAX / E-MAIL ADDRESS  
pacheco 1947 lewis@gmail.com

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

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

CITY  
pacheco STATE 1947 ZIP CODE lewis@gmail.com 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 9.20.24 Date  
 Executed on 9.20.24 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officer/Holder, 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 Lewis Pacheco

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
JFD Director Division 4

RESIDE 

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Lewis Pacheco

I.D. NUMBER  
1465833

Statement covers period  
from 7.1.24  
through 9.24.24

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>600</u>	\$ _____
2. Loans Received..... Schedule B, Line 3	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>600</u>	\$ _____
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>600</u>	\$ _____

<b>Expenditures Made</b>		
6. Payments Made..... Schedule E, Line 4	\$ <u>8222</u>	\$ _____
7. Loans Made..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>8222</u>	\$ _____
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	\$ <u>8222</u>	\$ _____

<b>Current Cash Statement</b>		
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>8954</u>	\$ _____
13. Cash Receipts..... Column A, Line 3 above	\$ <u>600</u>	\$ _____
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>8222</u>	\$ _____
15. Cash Payments..... Column A, Line 8 above	\$ <u>1332</u>	\$ _____
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____	\$ _____

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

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 \_\_\_\_\_ Total to Date \_\_\_\_\_  
(mm/dd/yy) \$ \_\_\_\_\_

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).

\*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 460  
FORM**

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Statement covers period  
from 7.1.24  
through 9.21.24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1465833

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)
8.16.24	Annalisa Pacheco 117 9th St Calexico, CA 92331	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Calexico Unified School District	\$ 600		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>	<u>600</u>	

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 600
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 600
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 600

\*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

Statement covers period  
 from 7-1-24  
 through 9-21-24

Amounts may be rounded  
 to whole dollars.

**Schedule B – Part 1**  
**Loans Received**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
Lewis Pacheco

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 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
<u>Sun Community Credit Union</u> <u>PO Box 4210</u> <u>El Centro CA 92243</u>		<u>9872</u>		<input type="checkbox"/> PAID <u>162</u> <input type="checkbox"/> FORGIVEN	<u>9710</u>	<u>12.980</u> % <u>269</u>	<u>9400</u>	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN				

**SUBTOTALS \$ \$ \$ \$ \$ 269**

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) ..... \$
  - Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) ..... \$
  - Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$**
- Enter the net here and on the Summary Page, Column A, Line 2.

†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

(May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA  
FORM 460**

Statement covers period  
from 7.1.24  
through 9.24.24

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I.D. NUMBER  
1465833

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NAME OF FILER

Lewis Pacheco

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |      |   |     |   |
|-----|---|------|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | IMBR | 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  | TSE | 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
<u>All Sports International 331 W 2nd St Calexico, CA 92501</u>	<u>cmp</u>			<u>\$240</u>
<u>Professional Packaging 103 N 21st El Centro, CA 92243</u>	<u>cmp</u>			<u>\$774</u>
<u>Lamar Advertising 1277 E 21st St Yuma, AZ 85365</u>	<u>cmp</u>			<u>\$6939</u>
			<b>SUBTOTAL \$</b>	<u>7953</u>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 7953
- Unitemized payments made this period of under \$100. .... \$ 269
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 8222
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 8222