

**Recipient Committee
Campaign Statement
Cover Page**

<p>Date Stamp Registrar of Voters MAY 21 2026 Imperial County</p>	<p>CALIFORNIA FORM 460</p>
	<p>Page <u>1</u> of <u>17</u> For Official Use Only</p>

<p>Statement covers period</p> <p>from <u>04/19/2026</u></p> <p>through <u>05/16/2026</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>06/02/2026</u></p>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
 <input type="checkbox"/> State Candidate Election Committee
 <input type="checkbox"/> Recall
 <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee
 <input type="checkbox"/> Sponsored
 <input type="checkbox"/> Small Contributor Committee
 <input type="checkbox"/> Political Party/Central Committee</p> | <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee
 <input type="checkbox"/> Controlled
 <input type="checkbox"/> Sponsored
 <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
 <small>(Also Complete Part 7)</small></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Type of Statement:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p><input checked="" type="checkbox"/> Preelection Statement
 <input type="checkbox"/> Semi-annual Statement
 <input type="checkbox"/> Termination Statement
 <small>(Also file a Form 410 Termination)</small>
 <input type="checkbox"/> Amendment (Explain below)</p> | <p><input type="checkbox"/> Quarterly Statement
 <input type="checkbox"/> Special Odd-Year Report</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER
1405181

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

CMTE to Elect Jesus Escobar Imperial County Supervisor Dist 1

STREET ADDRESS (NO P.O. BOX)

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jesus Eduardo Escobar

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 05/21/2026
Date

Executed on 05/21/2026
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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

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<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
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<input type="checkbox"/> Sponsored
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<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

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Jesus Eduardo Escobar

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

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

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