

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA **460**
FORM

Page 1 of

For Official Use Only

Statement covers period
from 05/17/2026
through 06/30/2026

Date of election if applicable:
(Month, Day, Year)
06/02/2026

Date Stamp
*Registrar
of Voters*
JUL 31 2026
*Imperial
County*

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)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER

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

Committee to Re-elect Karin Eugenio IID Director Division 5

STREET ADDRESS (NO P.O. BOX)

314 Lariat Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Imperial CA 92251 619-894-1681

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

karindeol@gmail.com

Treasurer(s)

NAME OF TREASURER

Adriana Murillo Kirby

MAILING ADDRESS

314 Lariat Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Imperial CA 92251 760-970-4405

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

adriana@kirbybusinesssolutions.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 7/31/26 Date

Executed on 07-31-2026 Date

Executed on _____ Date

Executed on _____ Date

By Adriana Murillo Kirby Signature of Treasurer or Assistant Treasurer

By Karin Eugenio 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**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Karin Deol			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Committee to Re-elect Karin Eugenio IID Director Division 5			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
314 Lariat Lane	Imperial	CA	92251

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
Karin Eugenio	IID Director Division 5	
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 05/17/2026
through 06/30/2026

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Karin Eugenio IID Director Division 5

I.D. NUMBER
1488564

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ 8,000.00	\$ 31,000.00
2. Loans Received.....	Schedule B, Line 3	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 8,000.00	\$ 31,000.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 8,000.00	\$ 31,000.00

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 8,012.00	\$ 28,534.15
7. Loans Made.....	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 8,012.00	\$ 28,534.15
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment.....	Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 8,012.00	\$ 28,534.15

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

____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 11,539.45
13. Cash Receipts.....	Column A, Line 3 above	8,000.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	-0-
15. Cash Payments.....	Column A, Line 8 above	8,012.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,527.45

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ -0-
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ -0-
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ -0-

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

Statement covers period		CALIFORNIA FORM 460
from	05/17/2026	
through	06/30/2026	Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Re-elect Karin Eugenio IID Director Division 5	I.D. NUMBER 1488564
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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)
05/18/26	ROBERT MARTINEZ 162 QUAIL RUN DR. EL CENTRO, CA	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00		
05/19/2026	JOEY PIERRE 897 W. ROSS RD. EL CENTRO	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00		
05/20/2026	MANDIP SAMRA 1653 W. Main Street, Conference Room A, El Centro, CA 92243	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00		
05/20/2026	LA BRUCHERIE PRODUCE 1477 S. LA BRUCHERIE RD EL CENTRO, CA 92251	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00		
05/22/26	AMC FARMS 705 ANDRADE RD BRAWLEY, CA 92227	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00		
SUBTOTAL \$ 3,500.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ -0-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 8,000.00**

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>05/17/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460 Page _____ of _____
I.D. NUMBER _____	

NAME OF FILER _____

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)
05/22/26	ORMAT NEVADA 6140 PLUMAS ST RENO, NV 89519	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00		
05/26/26	VESSEY JON 1605 ZENOS RD HOLTVILLE, CA 92250	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00		
06/01/26	UNITED DOMESTIC WORKERS OF AMERICA 555 CAPITAL MALL SUITE 400 SACRAMENTO, CA 95814	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		2,000.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 4,500.00						

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>05/17/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

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

CMP campaign paraphernalia/misc.	MBR 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	TSF 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
RAUL	RAD	VIDEO PRODUCTION FOR CAMPAIGN	1,000.00
LUIS MINOR	CMP	CAMPAIGN SIGN ASSISTANCE	1,000.00
MARTHA SANCHEZ	CMP	CAMPAIGN ASSISTANCE	1,000.00

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

SUBTOTAL \$ 3,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 7,760.00
2. Unitemized payments made this period of under \$100	\$ 252.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8,012.00

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>05/17/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-elect Karin Eugenio IID Director Division 5

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

CMP	campaign paraphernalia/misc.	MBR	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	TSF	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
CARLA JANETTE GLOSS 435 W. ATEN RD. IMPERIAL, CA 92251	CMP		CAMPAIGN PREPARATION	150.00
RUAL	RAD		VIDEO PRODUCTION FOR CAMPAIGN	3,000.00
KIRBY BUSINSESS SOLUTIONS LLC	PRO		TREASURER CAMPAIGN SERVICES	500.00
KARIN EUENIO 314 LARIAT LANE, IMPEIRAL, CA 92251	PRO		RE ELECTION FILING FEES	960.00
KARLA JEANETTE GLOSS 634 LAS DUNAS ST. IMPERIAL CA 92251	CMP		CAMPAIGN PREPARATION	150.00

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

SUBTOTAL \$ 4,760.00