

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>01/01/2011</u> through <u>06/30/2011</u>	Date of election if applicable: (Month, Day, Year) <u>11-02-2010</u>	Date Stamp FILED REGISTRAR OF VOTERS <b>JUL 21 2011</b> RECEIVED BY: _____	CALIFORNIA FORM <b>460</b>
		Page <u>1</u> of <u>5</u> For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

Officerholder, 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/ Officerholder 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  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee To Elect Raymond R. Castillo  
For Imperial County Supervisor Dist 5 2010

STREET ADDRESS (NO P.O. BOX)  
163 TACKRABBIT DRIVE

CITY EL CENTRO STATE CA. ZIP CODE 92243 AREA CODE/PHONE 760-222-5649

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1056

CITY EL CENTRO STATE CA. ZIP CODE 92244 AREA CODE/PHONE 760-222-5649

OPTIONAL: FAX / E-MAIL ADDRESS

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Treasurer(s)  
NAME OF TREASURER LOUISA SALDANA  
MAILING ADDRESS 175 TACKRABBIT DRIVE  
CITY EL CENTRO STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-353-8934

NAME OF ASSISTANT TREASURER, IF ANY  
Raymond R. Castillo  
MAILING ADDRESS PO Box 1056  
CITY EL CENTRO STATE CA ZIP CODE 92244 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 7/21/11 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 7/21/11 Date

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure PropONENT or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure PropONENT

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure PropONENT

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Ronald R. Castro  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Supervisors  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
163 JACKRABBIT H ELEVADO CA 92243

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement**  
**Summary Page**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SUMMARY PAGE

Statement covers period  
 from 01/01/2011  
 through 06/30/2011

CALIFORNIA FORM **460**

Page 3 of 5

I.D. NUMBER  
1327497

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER Raymond R. Cashio

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL/DOME
1. Monetary Contributions .....	Schedule A, Line 3 \$ 620.00	\$ 620.00
2. Loans Received .....	Schedule B, Line 3 \$ 620.00	\$ 620.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 620.00	\$ 620.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 620.00	\$ 620.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 620.00	\$ 620.00

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 \$ 390.00	\$ 390.00
7. Loans Made .....	Schedule H, Line 3 \$ 390.00	\$ 390.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 390.00	\$ 390.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 390.00	\$ 390.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 390.00	\$ 390.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 390.00	\$ 390.00

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 78.00
13. Cash Receipts .....	Column A, Line 3 above 620.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 390.00
15. Cash Payments .....	Column A, Line 8 above 308.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 308.00

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$
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* (# Subject to Voluntary Expenditure Limit)	\$	Total to Date
Date of Election (mm/dd/yyyy)		

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

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2011  
through 06/30/2011

**CALIFORNIA  
FORM  
460**

SCHEDULE A

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Raymond R. Cash/6 I.D. NUMBER 1327499

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. 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)
1/9/11	CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE 525 S. VIRGINIA AVE LOS ANGELES CA 90020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
<b>SUBTOTAL \$</b>						

\*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 Summary**

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals) ..... \$ 250.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 370.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 620.00

**Schedule E  
Payments Made**

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period  
from 01/01/2011  
through 06/30/2011

CALIFORNIA  
FORM **460**

Page 5 of 5

I.D. NUMBER

1327497

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Raymond R. Castillo

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- NO independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MER 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
- RPD returned contributions
- SAL campaign workers' salaries
- TEL I.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 ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Committee To Elect Raymond R. Castillo for Imperial County Supervisor Dist 5 2010 163 TRACKRABBIT DR EL CENTRO CA 92243	MTG	Committee Checking Acct Check #130	\$ 210.00
Committee To Elect Raymond R. Castillo for Imperial County Supervisor Dist 5 2010 163 TRACKRABBIT DR EL CENTRO CA 92243	CVC	Committee Checking Acct Check #131	\$ 100.00
<b>SUBTOTAL \$</b>			

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 310.00
2. Unitemized payments made this period of under \$100 ..... \$ 80.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 390.00



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>07-01-2011</u> through <u>12-31-2011</u>	Date of election if applicable: (Month, Day, Year) <u>11-02-2010</u>	Date Stamp <b>FILED</b> REGISTRAR OF VOTERS <b>FEB 01 2012</b> RECEIVED BY: <u>EM</u>	<b>CALIFORNIA 460 FORM</b>
		Page <u>1</u> of <u>4</u>	For Official Use Only

**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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1329497

**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee To Elect Raymond R. Castillo Imperial County Supervisor Dist 5

NAME OF TREASURER  
LOUISA SALOMON

STREET ADDRESS (NO P.O. BOX)  
163 JACKRABBIT DR  
CITY EL CENTRO STATE CA. ZIP CODE 92243 AREA CODE/PHONE 760-222-5049  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO BOX 1056  
CITY EL CENTRO STATE CA. ZIP CODE 92244 AREA CODE/PHONE 760-222-5049  
OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS  
PO BOX 1056  
CITY EL CENTRO STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-353-8934  
NAME OF ASSISTANT TREASURER, IF ANY  
Raymond R. Castillo  
CITY EL CENTRO STATE CA. ZIP CODE 92244 AREA CODE/PHONE 760-222-5049  
OPTIONAL: FAX / E-MAIL ADDRESS  
raymondrcastillo@yahoo.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 1-31-2012  
Date

Executed on 1-31-2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer of Assistant Treasurer

By [Signature]  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 4

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Raymond R. Castib

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisors Dist 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
163 TAHERAKHBI DR ELGIN CA 92243

**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  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	<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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Raymond R. Carth*

Statement covers period  
from 07-01-2011  
through 12-31-2011

CALIFORNIA  
FORM  
**460**

Page 3 of 4

I.D. NUMBER  
1327499

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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	\$ <u>0</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>60.00</u>
7. Loans Made .....	Schedule H, Line 3	\$ _____
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>60.00</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ _____
10. Nonmonetary Adjustment .....	Schedule G, Line 3	\$ _____
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>60.00</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>310.16</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>60.00</u>
15. Cash Payments .....	Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>250.16</u>

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

\$ 0

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above

\$ 0

## 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)	\$ _____	Total to Date
Date of Election (mm/dd/yy)	____/____/____	
	\$ _____	
	\$ _____	

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



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE  
CALIFORNIA  
FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07-01-2011  
through 12-31-2011

Page 4 of 4

I.D. NUMBER  
1327497

NAME OF FILER  
Raymond R. Castillo

- CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- OMP campaign paraphernalia/misc.
  - CNS campaign consultants
  - CTB contribution (explain nonmonetary)\*
  - CVC civic donations
  - FL candidate filing/ballot fees
  - FND fundraising events
  - ND independent expenditure supporting/opposing others (explain)\*
  - LEG legal defense
  - UT 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 ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COMMITTEE TO ELECT RAYMOND R. CASTILLO IMPERIAL COUNTY SUPERVISOR DIST 5 163 JACKRABBIT ELCENTRO CA 92243	PRO		BANK FEES	60.00
<b>SUBTOTAL \$</b>				<b>60.00</b>

## Schedule E Summary

- \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 60.00
  - 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 \$ 60.00**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp  
FILED

REGISTRAR OF VOTERS

JUL 21 2011

CALIFORNIA  
FORM  
460

Page 1 of 3  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 10-01-10  
through 12-31-10

Date of election if applicable:  
(Month, Day, Year)  
11-02-2010

RECEIVED BY:

**1. Type of Recipient Committee:** All committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, 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/Officerholder Committee
- (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- Amendment (Explain below)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER  
1327497

Committee To Elect Raymond R. Castillo For  
Imperial County Supervisor District Five 2010

STREET ADDRESS (NO P.O. BOX) 636 E. 3rd Street  
CITY STATE ZIP CODE AREA CODE/PHONE  
Holtville CA 92250 760-222-5049  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1054  
CITY STATE ZIP CODE AREA CODE/PHONE  
EC Centro CA 92244 760-222-5049  
OPTIONAL: FAX / E-MAIL ADDRESS  
raymondcastillo@yahoo.com

**Treasurer(s)**

NAME OF TREASURER Louisa Saldaña  
MAILING ADDRESS 175 Stackabit Drive  
CITY STATE ZIP CODE AREA CODE/PHONE  
EC Centro CA 92243 760-353-8931  
NAME OF ASSISTANT TREASURER, IF ANY  
Raymond R. Castillo  
MAILING ADDRESS  
636 E. 3rd  
CITY STATE ZIP CODE AREA CODE/PHONE  
Holtville CA 92250 760-222-5049  
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 7-20-11  
Date

By Raymond R. Castillo  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Raymond R. Castilla  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisor District 5  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
636 E. 3rd Street Holtville CA 92250

**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  SUPPORT  OPOSE

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	OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>12-31-2010</u> through <u>12-31-2010</u>	CALIFORNIA FORM <b>460</b>
Page <u>1</u> of <u>1</u>	I.D. NUMBER <u>1327497</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Raymond R. Costello

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 2319.00	\$ 7909.00
2. Loans Received	Schedule B, Line 3 \$ 2319.00	\$ 1439.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4638.00	\$ 9408.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 2319.00	\$ 766.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 2319.00	\$ 10,174.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2783.00	\$ 9251.00
7. Loans Made	Schedule H, Line 3 \$ 2783.00	\$ 9251.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2783.00	\$ 9251.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 2783.00	\$ 9251.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 2783.00	\$ 9251.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2783.00	\$ 9251.00

## Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above
12. Beginning Cash Balance	\$ 561.00	\$ 2319.00	\$ 2783.00	\$ 281.00
13. Cash Receipts				
14. Miscellaneous Increases to Cash				
15. Cash Payments				
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 281.00			

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ 4638.00	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 9251.00		

## Expenditure Limit Summary for State Candidates

Date of Election (m/m/dd/yy)	Total to Date
1/1/11	\$ 0
2/1/11	\$ 0
3/1/11	\$ 0
4/1/11	\$ 0
5/1/11	\$ 0
6/30/11	\$ 0

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

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).

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10-01-10  
through 12-31-10

CALIFORNIA  
FORM  
**460**  
Page 1 of 1  
I.D. NUMBER  
1327497

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Raymond R. Castillo

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)
10/20/11	Lakeside Accepting Corp Steve Hyman 97682 Country Club #43 Palms Desert Calif 92211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lakeside Accepting Corp Self employed	\$500	\$500.00	\$500.00
10-29-10	SAN DIEGO IMPERIAL COUNTYS 4305 UNION AVE. STE 340 SAN DIEGO CA. 92105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
10/27/10	JUAN VARGAS FOR SENATE 2010 5429 MADISON AVE. SACRAMENTO CA.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000	1,000	1,000
<b>SUBTOTAL \$</b>				<b>2,000</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2,000.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 319.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2319.00

\* 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 B - Part 1**  
**Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 12-01-2110  
through 12-31-2110

Page 1327497 of 1327497

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Raymond R. Castillo

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER                  NAME OF BUSINESS)</small>	(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	(Enter (e) on Schedule E, Line 3)	
										DATE DUE	DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Raymond R. Castillo</u> <u>PO Box 1056</u> <u>El Centro CA 92244</u>	<u>Self Employed</u> <u>Goldwell Banker</u> <u>Real Estate</u>	<u>1439.00</u>	<u>0</u>	<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN <u>1439</u>	<u>0</u>	<u>0</u>	<u>1439</u>	<u>1439</u>	CALENDAR YEAR <u>2010</u>	PER ELECTION** <u>1439</u>
<b>SUBTOTALS \$</b>			<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

- Loans received this period ..... (Total Column (b) plus unitemized loans of less than \$100.)  
 \$ 0
- Loans paid or forgiven this period ..... (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)  
 \$ 1439.00
- Net change this period. (Subtract Line 2 from Line 1.)  
 Enter the net here and on the Summary Page, Column A, Line 2.  
 NET \$ 0 (May be a negative number)

†Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10-01-2010  
through 12-31-2010

Page 13217497 of 13217497

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Raymond R. Castillo

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

OCP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTR contribution (explain nonmonetary)\*  
 CVC civic donations  
 FL candidate filing/ballot fees  
 RND fundraising events  
 ND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LT 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
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5 2010 636 E. 3rd St. Hctville Calif 92250	CVC		Committee Checking Acc. Check # 119	90.00
" " " " " "	PRT		Committee Checking Acc. Check # 125	480.00
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5 2010 636 E. 3rd St. Hctville Calif 92250	FND		Committee Checking Acc. Check # 121	220.00
<b>SUBTOTAL \$</b>				<b>796</b>

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2783.00
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 2783.00

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (Cont.)

**CALIFORNIA  
FORM 460**

Statement covers period  
from 12-01-2010  
through 12-31-2010

Page      of     

ID NUMBER  
1327499

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Raymond R. Castille

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/balot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MGR 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
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE 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
Committee To Elect Raymond R. Castille for Imperial County Supervisor Dist 5 2010 636 E. 3rd St Holtville CA 92250	RAD		Committee Checking Acct Check # 122	\$ 508
" " " "	CVC	"	" " " " Check # 123	\$ 150.00
" " " "	LIT	"	" " " " Check # 124	\$ 43.94
" " " "	PRT	"	" " " " Check # 125	\$ 750.00
Committee To Elect Raymond R. Castille for Imperial County Supervisor Dist 5 2010 636 E. 3rd St Holtville CA 92250	FND		Comm: Her Checking acct Check # 126	\$ 100

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

SUBTOTAL \$ 1557

**Schedule L  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CON

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Raymond R. Castillo

Statement covers period  
from 10-01-2010  
through 12-31-2010

CALIFORNIA  
FORM  
**460**  
Page 1327497 of 1327497  
I.D. NUMBER

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- POL 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
- RPD returned contributions
- SAL campaign workers' salaries
- TBL 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5 2010 636 E. 3rd St Holtville CA 92250	SAL		Committee Checking Acct. Checks 12/7	\$ 100.00
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5, 2010 636 E. 3rd St Holtville CA 92250	FND		Committee Checking Acct. Checks 12/8	\$ 252.00
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5, 2010 636 E. 3rd St Holtville CA 92250	FND		Committee Checking Acct. Checks 12/9	\$ 78.36
Committee To Elect Raymond R. Castillo For Imperial County Supervisor Dist 5, 2010 636 E. 3rd St Holtville CA 92250				

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

SUBTOTAL \$ 430.36

**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01-01-2012</u> through <u>12-31-2012</u>	Date of election if applicable: (Month, Day, Year) <u>11-02-2010</u>	Date Stamp <b>FILED</b> <b>REGISTRAR OF VOTERS</b> <b>JUL 29 2013</b>	Page <u>1</u> of <u>4</u> For Official Use Only
--	--	--	--

**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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEES TO ELECT RAYMOND R. CASTILLO

I.D. NUMBER 1327497

Imperial County Supervisor District 5

STREET ADDRESS (NO P.O. BOX) 665 E. 3rd Street

CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE 760-604-4680

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 1056

CITY EC CENTER STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-604-4680

OPTIONAL: FAX / E-MAIL ADDRESS Raymond.castillo@yahoo.com

**Treasurer(s)**

NAME OF TREASURER LOUISA SALDANA

MAILING ADDRESS PO Box 1056

CITY EC CENTER STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-353-8934

NAME OF ASSISTANT TREASURER, IF ANY RAYMOND CASTILLO

MAILING ADDRESS PO Box 1056

CITY EC CENTER STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-604-4680

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 7/26/2013 Date [Signature] By [Signature]

Executed on 7/26/2013 Date [Signature] By [Signature]

Executed on \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE: Raymond R. Castillo  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Imperial County Supervisor Dist 5  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): 665 E. 3rd Street Holtville CITY: CA STATE: CA ZIP: 92250

**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: \_\_\_\_\_  
 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	<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

Type or print in Ink. Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Raymond R. Castib

Statement covers period from 09-01-2012 through 12-31-2012

Page 3 of 4

I.D. NUMBER: 1327497

**CALIFORNIA FORM 460**

SUMMARY PAGE

## Contributions Received

	Schedule A, Line 3	Schedule B, Line 3	Add Lines 1 + 2	Schedule C, Line 3	Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0					\$ 0	\$ 0
2. Loans Received							
3. SUBTOTAL CASH CONTRIBUTIONS						\$	\$
4. Nonmonetary Contributions							
5. TOTAL CONTRIBUTIONS RECEIVED						\$ 0	\$ 0

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 72				\$ 72	\$ 144
7. Loans Made	Schedule H, Line 3						
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 72				\$ 72	\$ 144
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	\$ 72				\$ 72	\$ 144

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 78.16					
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	\$ 92.00					
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6.16					

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

## 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

## 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	1/1 through 6/30	\$	7/1 to Date	\$

## 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.

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).



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Raymond R. Casillo*

Statement covers period  
from 09-01-2012  
through 12-31-2012

CALIFORNIA  
FORM **460**

SCHEDULEE

Page 4 of 4  
I.D. NUMBER  
1327499

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL 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
- TSE 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
<i>Committee To Elect Raymond R. Casillo Imperial County Supervisor Dist 5, 665 E. 3rd St. Holtville CA. 92250 TA# 1327499</i>			<i>PRO Union Bank Fees</i>	<i>92.00</i>
<b>SUBTOTAL \$</b>				<b>92.00</b>

\* 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.) ..... \$ 92.00
- 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 \$** 92.00

**Recipiee... Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

JVER PAGE

Statement covers period from <u>01-01-2012</u> through <u>06-30-2012</u>		Date of election if applicable: (Month, Day, Year) <u>11-02-2011</u>	Date Stamp FILED REGISTRAR OF VOTERS JUL 31 2012 RECEIVED BY: <u>PH 11:35</u>
CALIFORNIA 2007/02 FORM		Page <u>1</u> of <u>4</u> For Official Use Only	460

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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

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

Committee To Elect Raymond R. Castillo  
Imperial County Supervisor District 5

I.D. NUMBER

1327499

Treasurer(s)

NAME OF TREASURER

LOVISA SALDANA

MAILING ADDRESS

PO Box 1056

CITY

EI Centro

STATE

CA

ZIP CODE

92244

AREA CODE/PHONE

760-353-8934

STREET ADDRESS (NO P.O. BOX)

665 E. 3rd Street

CITY

Holtville

STATE

CA

AREA CODE/PHONE

760-222-5649

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

PO Box 1056

CITY

EI Centro

STATE

CA

AREA CODE/PHONE

92244

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

EI Centro

STATE

CA

AREA CODE/PHONE

92244

**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 7/29/2012

By

ROXANA SODAGATA  
Signature of Treasurer or Assistant Treasurer

Executed on 7-29-2012

By

[Signature]  
Signature of Controlling Officer/candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_

By \_\_\_\_\_

Signature of Controlling Officer/candidate, State Measure Proponent

Executed on \_\_\_\_\_

By \_\_\_\_\_

Signature of Controlling Officer/candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE: Raymond R. Castillo  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Imperial County Supervisor Dist 5  
 RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP: 665 E. 3rd Street Holtville CA 92250

**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. 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 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 <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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE  
CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Ronald R. Castillo*

Statement covers period  
from 01-01-2012  
through 06-30-2012

Page 3 of 4

I.D. NUMBER  
13277497

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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	\$ <u>0</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>172.00</u>
7. Loans Made .....	Schedule H, Line 3	\$ _____
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>172.00</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ _____
10. Nonmonetary Adjustment .....	Schedule G, Line 3	\$ _____
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>172.00</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>250.16</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>172.00</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>78.16</u>
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 .....

## Cash Equivalents and Outstanding Debts

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

## 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 (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01-01-2012  
through 06-31-2012

Page 4 of 4

I.D. NUMBER  
1327497

NAME OF FILER  
Raymond R. Castillo

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT 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
<u>COMMITTEE TO ELECT Raymond R. Castillo Imperial County Supervisor Dist 5 665 E. 3rd Street Holtville CA 92250</u>	<u>PRO</u>		<u>BANK FEES</u>	<u>72.00</u>
<u>COMMITTEE TO ELECT Raymond R. Castillo Imperial County Supervisor Dist 5 665 E. 3rd Street Holtville CA 92250</u>	<u>CVC</u>		<u>Hidalgo Club Donation</u>	<u>100.00</u>
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				
<b>SUBTOTAL \$</b>				<b><u>172.00</u></b>

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 162.00
2. Unitemized payments made this period of under \$100 ..... \$ 72.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 172.00



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01-01-2014</u> through <u>05-17-2014</u>	Date of election if applicable: (Month, Day, Year) <u>06-03-2014</u>	Date Stamp <b>RECEIVED</b> <b>MAY 12 2014</b> IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM <b>460</b>
		Page <u>1</u> of <u>5</u>	For Official Use Only

**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:**

Prelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Prelection Statement - Attach Form 495

**3. Committee Information** I.D. NUMBER 13327497

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committees to Elect Raymond R. Castille  
Imperial County Supervisor Dist 5

STREET ADDRESS (NO P.O. BOX)  
678 Olive Ave

CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1056

CITY EC CVTRD STATE CA ZIP CODE 92244 AREA CODE/PHONE 160-222-5049

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Louisa Saldana

MAILING ADDRESS  
1335 RIVERVIEW

CITY EC CVTRD STATE CA ZIP CODE 92243 AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
Raymond Castille

MAILING ADDRESS  
PO Box 1056

CITY EC CVTRD STATE CA ZIP CODE 92244 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 5/9/14 Date  
 By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 5/9/14 Date  
 By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent



# Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from <u>01-01-2014</u> through <u>03-17-2014</u>	CALIFORNIA FORM <b>460</b>
Page <u>2</u> of <u>5</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Comm, Hts To Elect Raymond R. Castle, Imp Co Supervisor Dist-5

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>2,250</u>	\$ <u>2,250</u>
2. Loans Received		
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>2,250</u>	\$ <u>2,250</u>
4. Nonmonetary Contributions		
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>2,250</u>	\$ <u>2,250</u>

## Expenditures Made

6. Payments Made	\$ <u>2,001.94</u>	\$ <u>2,001.94</u>
7. Loans Made		
8. SUBTOTAL CASH PAYMENTS	\$ <u>2,001.94</u>	\$ <u>2,001.94</u>
9. Accrued Expenses (Unpaid Bills)		
10. Nonmonetary Adjustment		
11. TOTAL EXPENDITURES MADE	\$ <u>2,001.94</u>	\$ <u>2,001.94</u>

## Current Cash Statement

12. Beginning Cash Balance	\$ <u>221.16</u>	
13. Cash Receipts		
14. Miscellaneous Increases to Cash		
15. Cash Payments		
16. ENDING CASH BALANCE	\$ <u>469.22</u>	

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

17. LOAN GUARANTEES RECEIVED \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0</u>
19. Outstanding Debts	\$ <u>0</u>

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).

## Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ _____	\$ _____

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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Raymond R. Castib  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Supervisor District 5  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
678 Olive Ave Holtville CA 92250

**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	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
BALLOT NO. OR LETTER		

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

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01-01-2014  
through 03-19-2014

Page 4 of 5

CALIFORNIA  
FORM  
**460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Comm, Hts To Elect Raymond R. Castle Imp Co Supervisor Dist 5

I.D. NUMBER  
1327497

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
1-10-14	MRS JAMES JAMES Co 150 Santa Anita Ave Arcadia CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IMPERIAL CENTER HEBRON CALIF	500.00		
1-31-14	ARMAN GABRY 9034 W. SUNSET BLVD WEST HOLLYWOOD CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRAND PLACE OUTLET CALIFORNIA CA	1,500.00		
2-10-14	CLEM MULLEN 1904 METS RD HOLTVILLE CA 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLEM MULLEN SONS HOLTVILLE CALIF	250.00		
<b>SUBTOTAL \$</b>				<b>2,250</b>		

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2,250
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2,250

\*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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01-01-2014  
through 03-17-2014

CALIFORNIA  
FORM  
**460**

Page 5 of 6

I.D. NUMBER  
1327499

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Comm. Hqs To Elct Raymond R. Castillo Imp Co. Supervisor Dist. 5

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL 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
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Rocket Cop'y 100 South 11th St El Centro CA 92243</u>	<u>CNP</u>		<u>Check # 168</u>	<u>97.20</u>
<u>Hidalgo Society 410 S. Cesar Chavez Brawley CA 92227</u>	<u>CVC</u>		<u>Check # 170</u>	<u>166.00</u>
<u>SMART: FINAL 1190 N Imperial El Centro CA 92243</u>	<u>FND</u>		<u>Check # 169</u>	<u>162.49</u>
<b>SUBTOTAL \$</b>				<b><u>2001.94</u></b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2001.94
2. Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 2001.94

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01-01-2014  
through 03-17-2014

Page 6 of 6

**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Committee To Elect Raymond R. Castillo Imp Co Supervisor Dist 5 I.D. NUMBER 1327497

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND 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
Imp County Sections Dist 940 W. MAIN EL CENTRO CA 92243	FIL		Check # 172	300.00
Imp County Elections Dist 940 W. MAIN EL CENTRO CA 92243	FIL		Check # 173	506.25
MARTHA E. HERNANDEZ 615 W. MAIN EL CENTRO CA 92243	SAL		Check # 174	500.00
KXO Radio 420 W. MAIN EL CENTRO CA 92243	RAD		Check # 175	300
Union Bank 576 W. MAIN EL CENTRO CA 92243	PRO		-	36.00

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

SUBTOTAL \$ 1642.25



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 3-18-2014  
through 5-19-2014

Date of election if applicable:  
(Month, Day, Year)  
06-03-2014

Date Stamp	RECEIVED	CALIFORNIA 2001/02 FORM <b>460</b>
JUL 29 2014	IMPERIAL COUNTY REGISTRAR OF VOTERS	
Page <u>1</u> of <u>8</u>	For Official Use Only	

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
  - Ballot Measure Committee
  - Primarily Formed
  - 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
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee To Elect Raymond R. Castillo  
Imperial County Supervisor Dist 5

STREET ADDRESS (NO P.O. BOX)  
678 OLIVE AVE

CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 1056

CITY EC GUTHRE STATE CA ZIP CODE 92244 AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

Treasurer(s)

NAME OF TREASURER  
LOUISA SALOMON

MAILING ADDRESS  
1335 RIVERVIEW

CITY EC GUTHRE STATE CA ZIP CODE 92243 AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
RAYMOND CASTILLO

MAILING ADDRESS  
PO Box 1056

CITY EC GUTHRE STATE CA ZIP CODE 92244 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 7/29/14 Date  
Executed on 7/29/14 Date

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

Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

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



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Raymond R. Castillo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisor Dist 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
678 Olive Ave. Holtville CA 92256

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

7. 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	<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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Committee To Elect Raymond R. Castillo Imp Co Supervisor Dist 5*

Statement covers period  
from 3-18-2014  
through 5-17-2014

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CALIFORNIA  
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**460**

SUMMARY PAGE

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>5,772</u>	\$ <u>8,022</u>
2. Loans Received .....	Schedule B, Line 3 \$ <u>500</u>	\$ <u>500</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>6,272</u>	\$ <u>8,522</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>6,272</u>	\$ <u>8,522</u>

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 \$ <u>5,878.05</u>	\$ <u>7,879.99</u>
7. Loans Made .....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>5,878.05</u>	\$ <u>7,879.99</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment .....	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>5,878.05</u>	\$ <u>7,879.99</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>469.22</u>
13. Cash Receipts .....	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above \$ <u>115.00</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>354.22</u>

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

17. LOAN GUARANTEES RECEIVED .....

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....

19. Outstanding Debts .....

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

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 (mm/dd/yy)      Total to Date

\*Since January 1, 2001, Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 3-18-2014  
through 5-17-2014

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CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee To Elect Raymond R. Astile Imp Co Supervisor Dist 5 I.D. NUMBER 1327497

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
4-4-14	CALIF United Homecare Workers LOCAL 4034 PAC SSS CAPITAL MAIL Sack CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOCAL #4034 PAC	5,000.00	5,000.00	5,000.00
4-7-14	CHARLES Hoskoin 1996 Chambers LANG Holtville CA 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sen Peak Solarr Plant Operator	250.00	250.00	250.00
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period → contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 5,250.00
- Amount received this period → unitemized contributions of less than \$100 ..... \$ 522.00
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 5772

\*Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 3-18-2014  
through 5-17-2014

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Page 5 of 8  
I.D. NUMBER  
1327497

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Committee To Elect Raymond R. Astillo Imp Co Supervisor Dist 5*

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4-16-14	MAX CASTILLO 400 N. IMPERIAL IMPERIAL CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Astillo Construction	T-Shirts	500.00	500.00	500.00
<b>SUBTOTAL \$</b>					<b>500.00</b>		

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 500.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 500.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee