

**Schedule E
Payments Made**

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

Statement covers period from <u>3-18-2014</u> through <u>5-17-2014</u>	CALIFORNIA FORM# 460
Page <u>6</u> of <u>8</u>	SCHEDULEE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Comm: Hs To Elect Raymond R. Castilla 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.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RPD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and production costs
FL 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 ENTERED, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>ROCKET COPY, 11th St 100 SOUTH CA. 92243</i>	CMP	<i>check #176</i>	<i>199.80</i>
<i>IMPERIAL PRINTERS 100 SOUTH 11th Street EL CERRILLO CA. 92243</i>	CMP	<i>check #177</i>	<i>345.60</i>
<i>DEBBIE DEBEN 181 N. PLAZA BRAWLEY CA 92227</i>	FND	<i>check #178</i>	<i>95.00</i>
SUBTOTAL \$			620.40

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5,878.05
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 \$** 5,878.05

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>3-18-2014</u> through <u>5-17-2014</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>1327499</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committees To Elect 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.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MER | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RPD | returned contributions |
| CTB | contribution (explain nomenclature)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FLI | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | 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
<i>Anthony Garcia Foundation 417 W. ALLEN BERNLEY CA 92229</i>	<i>CVC</i>		<i>CHECK # 179</i>	<i>100.00</i>
<i>Hidalgo Society 410 CESAR CHAVEZ BERNLEY CA. 92229</i>	<i>CVC</i>		<i>CHECK # 221</i>	<i>100.00</i>
<i>All Spirits International 317 HEFFERNAN AVE CALEXICO CA. 92231</i>	<i>CMP</i>		<i>CHECK # 181</i>	<i>1,464.00</i>
<i>Thomas Benefit Event 329 CESAR CHAVEZ BLVD CALEXICO CA. 92231</i>	<i>CVC</i>		<i>CHECK # 182</i>	<i>130</i>
<i>KXO Radio 420 W. MAIN EL CENTRO CA 92243</i>	<i>RAD</i>		<i>CHECK # 183</i>	<i>680</i>

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

SUBTOTAL \$ *2474*

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>3-18-2014</u> through <u>5-17-2014</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>8</u>	I.D. NUMBER <u>1327497</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect 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.

- | | | | | | |
|-----|---|-----|---|-----|---|
| 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)* | OFI | 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 |
| MND | 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) | VOI | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (# COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>I.V. PRESS 205 N. 8th EL Centro CA 92243</i>	<i>PRT</i>		<i>check # 184</i>	<i>1,550.65</i>
<i>RXO Radio 420 W. Main EL Centro CA 92243</i>	<i>RAD</i>		<i>check # 222</i>	<i>680.00</i>
<i>Calexico Chronicle 570 Holt Ave Holtville Calif 92250</i>	<i>PRT</i>		<i>check # 223</i>	<i>330.00</i>
<i>ACC Club Brawley Calif 92227</i>	<i>CVC</i>		<i>check # 224</i>	<i>150.00</i>
<i>Union Bank El Centro 0369 PO Box 512380 Las Vegas NV 89105</i>	<i>PRO</i>		<i>BANK withdrawal for Service Fees</i>	<i>73.00</i>

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

SUBTOTAL \$ 2,783.65

**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 5-18-2014
through 6-30-2014

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

Date Stamp
RECEIVED
JUL 29 2014
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
2001/02
FORM
460
Page 1 of 2
For Official Use Only

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

3. Committee Information

I.D. NUMBER
1325499

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
PO Box 1056

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
EC Castro STATE CA ZIP CODE 92244 AREA CODE/PHONE
960-222-5049

OPTIONAL: FAX / E-MAIL ADDRESS
raymondrcastillo@ymhhd.com

Treasurer(s)

NAME OF TREASURER
LOUISA SALDANA

MAILING ADDRESS
1335 RIVERVIEW

CITY EC Castro STATE CA ZIP CODE 92243 AREA CODE/PHONE
RAYMOND CASTILLO

MAILING ADDRESS
PO Box 1056

CITY EC Castro 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 Debra Saldana Signature of Controlling Officer-Candidate, State Measure Proponent or Responsible Officer of Sponsor
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
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. Castib
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 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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?
COMMITTEE ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO
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

Comm. Hts To Elect Raymond R. Castle Imp County Supervisor Dist 5

Statement covers period
from 5-18-2014
through 6-30-2014

Page 3 of 9

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>3,598</u>	\$ <u>11,620</u>
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>3,598</u>	\$ <u>11,620</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>500</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>3,598</u>	\$ <u>12,120</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>2822.47</u>	\$ <u>10,702.46</u>
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ _____	\$ _____
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>2822.47</u>	\$ <u>10,702.46</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>115.00</u>	
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	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>650.70</u>	

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 \$ <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**

	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*	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 5-18-2014
through 6-30-2014

Page 4 of 7

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect Raymond R. Castillo Imp County Supervisor Dist 5

I.D. NUMBER: 13277497

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)
5-23-14	EDUARDO GARCIA For Assembly 1787 TRIBUTE RD SUITE K SACRAMENTO CA. 95815	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
5-28-14	IRBEL LOCAL 47 PAC 600 N. DIAMOND BAR DIAMOND BAR CA. 91765	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
6-2-14	83 W 18 M E LLC 111 WOODMORE RD STE 256 FOLSOM CA. 95630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800.00	800.00	
SUBTOTAL \$				1800.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1800.00
- Amount received this period – unitemized contributions of less than \$100 \$ 1798.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3598.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
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 5-18-2014
through 6-30-2014

Page 5 of 7

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Raymond R. Castile Supervisor Dist 5

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/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
- 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 tv, 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>RXD Radio 420 W. Main El Centro CA 92243</i>	<i>RAD</i>	<i>Check # 225</i>	<i>680.00</i>
<i>I.V. Press 205 N 5th El Centro CA 92243</i>	<i>PRT</i>	<i>Check # 226</i>	<i>272.55</i>
<i>Luckley's 1540 56th 4th El Centro CA 92243</i>	<i>FND</i>	<i>Check # 228</i>	<i>75.08</i>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1027.63**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- 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 \$ _____**

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

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

Statement covers period
from 5-18-2014
through 6-30-2014

Page 6 of 7

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Committee To Elect Raymond R. Castille Supervisor Dist 5 I.D. NUMBER 1329499

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

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio, airline 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 airline and production costs
FL	candidate filing/ballot fees	PHD	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FERNANDO COSTO 838 PALM HOLTVILLE CA. 92250	FND		CHECK # 229	500.00
Lucky's 1540 SOUTH 4TH C.C. GARDNER CA 92243	FND		CHECK # 230	13484
ELVIRA ALVARADO ZANOS RD HOLTVILLE CA 92250	FVA		CHECK # 231	200.00
DESERT BANDITS ORG. CALIXICO CA. 92231	CVC		CHECK # 233	100.00
CALIXICO CHAMBER OF COMMERCE CALIXICO CA. 92231	CVC		CHECK # 232	100.00

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

SUBTOTAL \$ 1634.84

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

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

SCHEDULE E (CONT.)

Statement covers period
from 5-18-2014
through 6-30-2014

CALIFORNIA
FORM **460**
Page 7 of 7
I.D. NUMBER
1327497

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Raymond R. Astle Supervisor Dist 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.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL 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
- OFI office expenses
- PET petition circulating
- PHD 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
SGOREGGI'S PIZZA 556 5th St Hc(HVILLE CA. 92250	FND		Check # 234	\$ 200
LOUIE Lopez, 1186 Commercial EC GASTRO CA 92243	CNS		Check # 235	\$ 100.00
EL SOL DBL VNLB NBWSPGR PDRX 34#2 EC GASTRO CA. 92243	PRT		Check # 236	360.00
AJ GARCIA FUNDATION 417 W. AILSW BEAWLEY CA 92227	CVC		Check # 237	100.00

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

SUBTOTAL \$ 760.00

**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>09-01-2014</u> through <u>09-30-2014</u>	Date of election if applicable: (Month, Day, Year) <u>11-04-2014</u>	Date Stamp <u>OCT 30 2014</u>	CALIFORNIA 460 2001/02 FORM
		Page <u>1</u> of <u>19</u>	
			For Official Use Only

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

3. Committee Information

I.D. NUMBER 1327499

Treasurer(s)

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 Calif ZIP CODE 92250 AREA CODE/PHONE
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
OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER
LOUISA SALOMON
MAILING ADDRESS
1335 Riverwind Ave
CITY EC Center STATE CA ZIP CODE 92243 AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
Raymond Castillo
MAILING ADDRESS
PO Box 1056
CITY EC Center STATE CA ZIP CODE 92244 AREA CODE/PHONE
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 10/30/14 Date

Executed on 10/30/14 Date

Executed on _____ Date

Executed on _____ Date

By LOUISA SALOMON Signature of Treasurer or Assistant Treasurer

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

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, 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 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Raymond R. Castile
 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 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	<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 Imperial County Supervisor District 5

Statement covers period from 09-01-2014 through 09-30-2014

CALIFORNIA FORM **460** Page 3 of 9 I.D. NUMBER 1327499

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 6042	\$ 17,662
2. Loans Received		
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 6042	\$ 17,662
4. Nonmonetary Contributions		\$ 500
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 6042	\$ 18,162

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 5,526.97	\$ 16,229.43
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 5,526.97	\$ 16,229.43
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	\$ 5,526.97	\$ 16,229.43

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 650.70	
13. Cash Receipts	Column A, Line 3 above	6042.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	5526.97	
15. Cash Payments	Column A, Line 8 above	1,165.97	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 1,050.70	

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	\$ 18,162	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 16,229.43		

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 07-01-2014
through 09-30-2014

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CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Commi Hts To Elect Raymond R. Castillo Imperial Co Supervisor Dist 5 I.D. NUMBER 1327497

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 TODAY (IF REQUIRED)
7-10-14	JERRY & VIVIAN MUEPHY 544 West Belmont Rd Imperial CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASTASID	200	200	
7-10-14	MARY LOU HISSEL 2900 Alexander Florence ARIZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RECEPTIONIST Imperial Calif.	200	200	
7-10-14	TRACY LARRY COX 861 W. Ftos Rd Imperial CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TRAINING SPEAKIN Imperial CA	200	200	
7-10-14	VISCO Flying Co PO BOX 68 Imperial CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Company	500	500	
2-15-14	ARMAN GABRY 9034 W. SUNSET BLVD West Hollywood CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A. GABRY PROPAGATORS	2,500	4,000	
SUBTOTAL \$				3,600		

Schedule A Summary

- Amount received this period - itemized monetary contributions: (Include all Schedule A subtotals.) \$ 4,100
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1942
- Total monetary contributions received this period: (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 6042

*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**

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

Statement covers period
from 09-01-2014
through 09-30-2014

SCHEDULE A (CONT.)
**CALIFORNIA
FORM 460**

NAME OF FILER: Comm. #166 To Elect Raymond R. Castillo Imperial Co Supervisor Dist 5 ID NUMBER: 1327497

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-15-14	SUN PEAK SOLAR 73-185 Hwy 111 Suite D Palm Desert CA 92260	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Company	250	500	
9-2-14	Charles & Debra Hostkins 199 E. Chambers Ln Holtville Calif. 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operative manager Sun Peak Solar 73-185 Hwy 111 D Palm Desert CA 92260	250		
SUBTOTAL \$				500		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 07-01-2014
through 09-30-2014

CALIFORNIA **460**
FORM

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I.D. NUMBER 1327497

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee To Elect Raymond R. Astin, Imperial County Supervisor Dist 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
TECHNOLOGY DEPOT 209 SOUTH 6TH GILGWINNER CA 92243	OFF		CHECK #238	\$105.00
SAGE RESEMBLANCE 615 W. STATE GILGWINNER CA 92243	OFC		CHECK #239, #253	750.00
DANIEL DEKOR 350 SOUTH FAIRFIELD GILGWINNER CA 92243	CNS		CHECK #242, #252, #262	1,000
SUBTOTAL \$				1,855

* 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.) \$ 5526.97
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 \$ 5,526.97

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT)

Statement covers period
 from 07-01-2014
 through 09-30-2014

CALIFORNIA
FORM
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I.D. NUMBER

1327497

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Committee To Elect Raymond R. Castillo Imperial County Superior Dist 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.
- 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Highland Society 300 South Cesar Chavez Blvd Beverly Calif 92227	CVC		check # 243	\$300
Richard Solario 595 Yucca Dr Escondido CA 92243	SAL		check # 246, #249, #250	\$925
Holville Pop Warner 101 Holville Calif. 92250	CVC		check # 255	\$250
ARM And's Silvia 149 W. 8th Holville CA 92250	CVC		check # 240	\$100
Imp Co Elections Dept 940 W. Main Escondido CA 92243	FILE		check # 241	\$300

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

SUBTOTAL \$ 1875

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT)

Statement covers period
from 09-01-2014
through 09-30-2014

CALIFORNIA
FORM
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Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

NAME OF FILER Committee To Elect Raymond R. Actillo Imperial County 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.

- CMP 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 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 ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KXD Radio 420 W. Mission St CA 92243	RAD	Check #245	\$650
MANK of Imperial Valley EC Center CA. 92243	CVC	Check #254	100
Imperial Printers 430 W. Mission St CA 92243	COMP	Check #256	476.97
GGARADO Vengas CALIFORNIA CALIF 92231	RAD	Check #257	\$150.00
IYC Soccer Imperial CA. 92231	CVC	Check #258	\$100

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

SUBTOTAL \$ 1476.97

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

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

SCHEDULE E (CONT)

Statement covers period
from 09-01-2014
through 09-30-2014

**CALIFORNIA
FORM 460**

Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee To Elect Raymond R. Castillo Imperial County Superior Court Judge L.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.
- 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)*
- LFG 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 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
CALIFORNIA BAY AREA RUNNERS ASSOCIATION CALIFORNIA CALIF. 92223	CVC		Check # 259, #260	\$1700
Bulldog Radio CALIFORNIA CALIF. 92223	CVC		Check # 251	\$150.00

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

SUBTOTAL \$ 3200

**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>10-1-2014</u> through <u>10-18-2014</u>	Date of election if applicable: (Month, Day, Year) <u>11-04-2014</u>	Date Stamp <u>OCT 30 2014</u>	CALIFORNIA FORM 460 Page <u>1</u> of <u>6</u> For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee		2. Type of Statement: <input type="checkbox"/> Preflection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee To Elect Raymond R. Castille
Imperial County Supervisor District 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 EL Centro STATE CA ZIP CODE 92244 AREA CODE/PHONE 960-222-5609

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

I.D. NUMBER 1327497

Treasurer(s)

NAME OF TREASURER
LOUISA SALDANA

MAILING ADDRESS
1335 RIVERVIEW

CITY EL Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY
Raymond Castille

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 10/30/14 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 10/30/14 Date

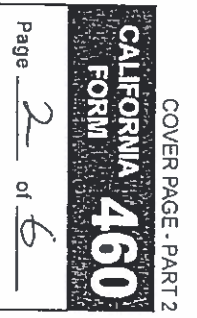
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

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

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
6118 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. 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	<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.

Statement covers period
from 10-1-2014
through 10-18-2014

Page 3 of 6
CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Committee To Elect Raymond R. Castillo Imperial County Supervisor DS
ID. NUMBER 1327497

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 2,450	\$ 20,112
2. Loans Received		
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 2,450	\$ 20,112
4. Nonmonetary Contributions		500
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 2,450	\$ 20,612

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 1,598	\$ 17,827
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 1,598	\$ 17,827
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	\$ 1,598	\$ 17,827

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,165.73	
13. Cash Receipts	Column A, Line 3 above	2,450.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1,598.00	
15. Cash Payments	Column A, Line 8 above	2,017.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,206.73	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ 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).

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

17. Cash Equivalents

\$ 0

20. Contributions Received

21. Expenditures Made

18. Outstanding Debts

\$ 0

22. Cumulative Expenditures Made*

Date of Election (mm/dd/yy)

Schedule A Monetary Contributions Received

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 Imperial Co Supervisor Dist 5

Statement covers period
from 10-1-2014
through 10-18-2014

CALIFORNIA
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SCHEDULE A

I.D. NUMBER
1327497

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)

10-2-14	Chun Nam Lo 1510 Melanis Ln Arcadia CA 91009-7909	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chun Lo 1510 Melanis Ln Arcadia CA	\$750	\$1,250	
10-10-14	Kuhn Land Gravel Pobox 2684 El Centro CA 92244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kuhn Land Gravel Pobox 2684 El Centro CA 92244	\$500		
10-10-14	Bucos Kuhn Equipment Rental 1240 Drew Rd El Centro CA 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bucos Equip Rental 1240 Drew Rd El Centro CA 92243	\$500		
10-16-14	Raul Estrada 2899 W. Main El Centro CA 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restrada	\$200		
SUBTOTALS				1950		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1950
- Amount received this period - unitemized contributions of less than \$100 \$ 500
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2,450

* Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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 10-1-2014
through 10-18-2014

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Committee To Elect Raymond R. Castle Imperial Co Supervisor Dist 5 I.D. NUMBER 1327499

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

- GMP 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>JOSE DE JESUS PO BOX 512 CALIXICO CALIF</u>	<u>CVC</u>		<u>Check # 263</u>	<u>\$100</u>
<u>Imperial Printers 436 W. MAIN EL CENTRO CA 92243</u>	<u>CMF</u>		<u>Check # 264</u>	<u>\$300.24</u>
<u>SAGE Rentals 615 W STATE EL CENTRO CA 92243</u>	<u>OFC</u>		<u>Check # 265</u>	<u>\$250</u>
SUBTOTAL \$				650.24

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1,550.24
2. Unitemized payments made this period of under \$100 \$ 48.00
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 \$** 1,598.24

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 10-1-2014
through 10-18-2014

SCHEDULE E (CONT.)
CALIFORNIA
FORM
460
Page 6 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee To Elect Raymond R. Castille Imperial Co Superior 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.

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

NAME AND ADDRESS OF PAYEE (# COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hidalgo Society 399 South Coast Chavez Blvd Brawley CA 92227	CVC		Check # 266	\$150
Daniel Ochon 498 South Fairfield ECENTRD CA 92243	CNS		Check # 268	\$250
BLAN Image Productions 1205 W. Main ECENTRD CA 92243	CVC		Check # 269	\$400
EL SOL DEL VALLE NEWSPAPER PO BOX 3472 ECENTRD CA 92243	PRT		Check # 270	\$100

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

SUBTOTAL \$ 900
FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**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>10-19-2014</u> through <u>12-31-2014</u>	Date of election if applicable: (Month, Day, Year) <u>11-04-2014</u>	Date Stamp FEB 12 2015	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

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 Preliminary 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 1058

CITY
EL Centro STATE CA ZIP CODE 92244 AREA CODE/PHONE

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

Treasurer(s)
NAME OF TREASURER
Louis Salama
MAILING ADDRESS
1335 Riverview

CITY
EL Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Raymond Castillo

MAILING ADDRESS
PO Box 1058

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 2-11-2015 Date

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

Executed on 2-11-2015 Date

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

Executed on _____ Date

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

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.

COVER PAGE - PART 2
**CALIFORNIA
FORM 460**

Page 2 of 8

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 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

Committee To Elect Raymond R. Carrillo Imperial County Supervisor Dist 5

Statement covers period from 10-19-2014 through 12-31-2014

Page 3 of 8

CALIFORNIA FORM 460

I.D. NUMBER 1327497

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>1348</u>	\$ <u>21460</u>
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>1348</u>	\$ <u>21460</u>
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>1348</u>	\$ <u>21,960</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>3,245</u>	\$ <u>21,092</u>
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>3,245</u>	\$ <u>21,092</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>3,245</u>	\$ <u>21,092</u>	

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Column A, Line 8 above	Column A, Line 8 above
12. Beginning Cash Balance		\$ <u>2017</u>		
13. Cash Receipts		\$ <u>1348</u>		
14. Miscellaneous Increases to Cash	Schedule I, Line 4		\$ <u>3245</u>	
15. Cash Payments				\$ <u>120</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15			\$ <u>120</u>

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

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

_____ \$ _____

_____ \$ _____

*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 10-19-2014
through 12-31-2014

CALIFORNIA
FORM
460

Page 4 of 8

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee To Elect Raymond R. Castillo Imperial County 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-27-14	8 minutes Energy & Renewables 5455 Wilshire Blvd Suite 2010 Los Angeles CA 90036	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00	1,800	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 900.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 448
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1348

*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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10-19-2014
through 12-31-2014

CALIFORNIA
FORM
460

Page 5 of 8

NAME OF FILER Committee To Elect Raymond R. Castib Imperial County 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.	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	FET	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)*	PRO	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRT	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings			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
JERRY GAVIN 397 SOUTH CESAR CHAVEZ BLVD BEAULIEY CA. 92227	CNS		CHECK #271	\$100
GERARDO VENEGAS CALIFORNIA 92223	RAD		CHECK #272	\$150
DAVID OCHOA 498 SOUTH FRIARFIELD FELICENTRA CA 92243	CNS		CHECK #273	\$300
SUBTOTAL \$				550.00

* 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.) \$
- 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 \$**

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

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

SCHEDULE E (CONT.)

Statement covers period
from 10-19-2014
through 12-31-2014

**CALIFORNIA
FORM 460**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Raymond R. Castillo Imperial County 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.
- CNS campaign consultants
- CVC contribution (explain nonmonetary)*
- FIL civic donations
- FIL 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
- RPD returned contributions
- SAL campaign workers' salaries
- TEL T.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS transfer between committees of the same candidate/sponsor
- TSE staff/spouse travel, lodging, and meals
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE A, SO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LORINE FLORES 573 PALO VERDE HOLTWILLE CALIF 92250	SAL		Check # 274, 282,	700.00
HOLTWILLE TRIBUNE 115 WEST 5TH HOLTWILLE CA 92250	PRT		Check # 275	150.00
Richard Solerio 555 Yucca DR EL CERRILLO CA 92243	SAL		Check # 276, 285	350.00
RXO Radio 420 W. Main EL CERRILLO CA 92243	RAD		Check # 278	756
MARLENE THOMAS EL CERRILLO CALIF 92243	PET		Check # 279	50*

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

SUBTOTAL \$ 2026

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

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

SCHEDULE E (CONT.)

Statement covers period
from 10-19-2014
through 12-31-2014

CALIFORNIA
FORM
460

Page 7 of 8

I.D. NUMBER

1327497

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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
- CRB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/bailot 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 tv, 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LOUIE LOPEZ 1197 EL CENTRO AVE EL CENTRO CA 92243	PHD		CHECK # 280	\$100
LUCKY'S MARKET SOUTH 4TH STREET EL CENTRO CA 92243	FND		CHECK # 284	\$103
HOLTVILLE PO BOX 68 HOLTVILLE CA 92250	CVC		CHECK # 286	\$100
SEMC CENTRO 1700 EUCLID EL CENTRO CA 92243	CVC		CHECK # 287	\$100
VICTORY OUTREACH 619 WEST MAIN EL CENTRO CA 92243	CVC		CHECK # 288	\$50
SUBTOTAL \$				453

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>10-19-2014</u> through <u>12-31-2014</u>	Page <u>8</u> of <u>8</u>
CALIFORNIA FORM 460	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Raymond R. Castille Imperial County Supervisor Dist 5 I.D. NUMBER 1329499

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 tv, 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
<i>BLANC Image 1405 N Imperial Ave EC CONTRA CA 92243</i>	<i>CYC</i>		<i>check #289</i>	<i>200</i>
<i>Union Bank 560 West Main EC CONTRA CA 92243</i>	<i>PRO</i>		<i>Direct Bank Fees Assessed</i>	<i>36⁰⁰</i>

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

SUBTOTAL \$ 236

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Imperial Valley Works! Sponsored by San Diego & Imperial Counties Labo- r Council AFL-CIO		AREA CODE/PHONE NUMBER 6192835411		I.D. NUMBER (if applicable) 1322357		Date of This Filing 11/06/2014		Date Stamp RECEIVED NOV 06 2014 IMPERIAL COUNTY REGISTRAR OF VOTERS 1 / 1		CALIFORNIA FORM 496 For Official Use Only	
STREET ADDRESS 3737 Camino del Rio South #403						STATE CA		ZIP CODE 92108-0000		Report No. 001	
CITY San Diego						AMendment to Report No. 001 <small>(explain below)</small>		No. of Pages 1			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
NAME	OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Ray Castillo	Sought: Board of Supervisors	X					
	05 County Imperial						

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2014	Staff Time	2716.09

Reason for Amendment:

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>01-01-2015</u> through <u>06-30-2015</u>		Date of election if applicable: (Month, Day, Year) <u>11-04-2014</u>	Date Stamp RECEIVED SEP 08 2015 IMPERIAL COUNTY REGISTRATION DIVISION
CALIFORNIA FORM 460			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)

2. Type of Statement:

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

Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preflection 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

I.D. NUMBER 1321499

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 EL Centro STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-222-5049

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

Treasurer(s)

NAME OF TREASURER LOUISA SALDANA

MAILING ADDRESS 1335 Riverview

CITY EL Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY Raymond 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 9-8-15 Date) By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 9/8/15 Date) By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date) By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Raymond R. Eastho

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 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.

Statement covers period
from 01-01-2015
through 06-30-2015

CALIFORNIA
FORM **460**
Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

NAME OF FILER Committee To Elect Raymond R. Castillo Imperial County Supervisor

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>100.00</u>	\$ <u>100.00</u>
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>100.00</u>	\$ <u>100.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>72.00</u>	\$ <u>72.00</u>
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$	\$	\$
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>72.00</u>	\$ <u>72.00</u>	\$ <u>72.00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>28</u>
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	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>28</u>

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

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* (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.

Schedule A Monetary Contributions Received

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

Statement covers period
from 01-01-2015
through 06-30-2015

CALIFORNIA
FORM
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SCHEDULE A

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect Raymond R. Castile

I.D. NUMBER
1327497

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ - 0 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 100.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 100.00

*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**

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

Statement covers period
from 01-01-2015
through 06-30-2015

**CALIFORNIA
FORM 460**

Page 5 of 5

I.D. NUMBER
1327497

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Raymond R. Castillo Imperial County SPPV DS

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

- OVP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL 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 ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Union Bank 560 WEST MAIN FT GIBBS CA 92243</u>	<u>PRD</u>		<u>BANK FEES</u>	<u>72.00</u>
SUBTOTAL \$				

* 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.) \$ 72.00
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 \$** 72.00

**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>07-01-2015</u> through <u>12-31-2015</u>	Date of election if applicable: (Month, Day, Year) <u>11-04-2014</u>	Date Stamp RECEIVED FEB 16 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
		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 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 Prellection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1327497

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

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

Treasurer(s)

NAME OF TREASURER
LOUISA SALDANA

MAILING ADDRESS
1335 RIVERVIEW

CITY
EL CENTRO

STATE
CA

ZIP CODE
92243

AREA CODE/PHONE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Raymond Castillo

MAILING ADDRESS
PDRox 1058

CITY
EL CENTRO

STATE
CA

ZIP CODE
92244

AREA CODE/PHONE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Raymond Castillo @ 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 2-15-2016

Executed on 2-15-2016

Executed on _____

Executed on _____

By [Signature]

By [Signature]

By _____

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) 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: _____
 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	<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
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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cornelia Hogg To Elect Raymond R. Castillo Imperial County Supv. Dist 5

I.D. NUMBER
1321499

Statement covers period from 07-01-2015 through 12-31-2015

CALIFORNIA FORM **460**

Page 3 of 5

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>50</u>	<u>150</u>
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>150</u>

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	<u>72</u>	\$ _____
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7		\$ _____
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>72</u>	\$ <u>144</u>

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	<u>6.00</u>
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	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>6.00</u>

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	\$ _____
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).

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 02.01.2015
through 12.31.2015

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

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

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/15	Raymond Castilla	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Candidate	\$50	150	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 50.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 50.00

*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**

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

SCHEDULEE
CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Raymond R. Castillo Imperial County Supv. Dist 5

Statement covers period from 09-01-2015 through 12-31-2015

I.D. NUMBER 1327797

Page 5 of 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
- 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
- RPD 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Union Bank 560 W 1st Main El Centro Calif. 92245</u>	<u>PRO</u>		<u>Bank Fees</u>	<u>72.00</u>
SUBTOTAL \$				72.00

* 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.) \$ 72.00
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 \$** 72.00