Recipient Committee Campaign Statement Cover Page			APH 28 2015	CALIFORNIA 460
	Statement covers period from 3/21/2016	Date of election if applicable: (Month, Day, Year)	REGISTRAN OF VOTERS	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	4/23/2016	6/7/2016		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Mss Complete Parl 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Mso Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	mination)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	☐ Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)			
3. Committee Information	I.D. NUMBER 1385078	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE))	NAME OF TREASURER ANTHONY PLANCARTE	Ē	
LOIS A PLANCARIE, SOPERVISOR DISTRICT 4, 2010	VIC. 5, 2010	MAILING ADDRESS 2672 SANDALWOOD DRIVE	DRIVE	
STREET ADDRESS (NO P.O. BOX) 2672 SANDALWOOD DRIVE		EL CENTRO	STATE ZIP CODE CA 92243	13 (760)554-8813
CITY STATE ZI CA 92	2IP CODE AREA CODE/PHONE 92243 (760)332-8808	NAMÉ OF ASSISTANT TRÉASURER, IF ANY	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ox .	MAILING ADDRESS		
PO BOX 4441				
STATE	E	CITY	STATE ZIP CODE	AREA COURT HONE
CA	92244 (760)332-8808	OPTIONAL: FAX / E-MAIL ADDRES	SS	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	

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	Executed on	Executed on $\frac{C4/26/20/6}{Date}$	Executed on 4/26/16
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Anthony Signature of Treasurer of Presignant Treasurer

														, I	
CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMME	CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this stateme contributions or make expe	2672 SANDALWOOD DRIVE	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	IMPERIAL COLINTY SUPERVISOR 2	OFFICE SOUGHT OR HELD (IN	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Cand	(
STATE ZIP	STREET ADDRESS (NO P.O. BOX)		•	STATE ZIP	STREET ADDRESS (NO P.O. BOX)			luded in t e controlled on behalf of)	DRIVE EL CENTRO		NIPERVISOR 2	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CANDIDATE	Officeholder or Candidate Controlled Committee	
ZIP CODE		CON		ZIP CODE		CON	 	ateme or are pr didacy.	NTRO	OTY		NUME		nittee	
	☐ YES	TROLLE	E. NOMBORY	E DOC		ONTROLLE!	I.D. NUMBER	nt: Lis				ER IF AF			į
AREA CODE/PHONE	NO	CONTROLLED COMMITTEE?		AREA CODE/PHONE	1	CONTROLLED COMMITTEE?		t any committees formed to receive	CA 92243	STATE ZIP		PLICABLE)			
Attach continuation sheets if necessary		NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officenoider, candidate, of state measure proportion, if any			BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee				
n sheets		OFFICE S	OFFICE S	OFFICE S	OFFICE S	holder		C Z Z	ate, or st					ommitt	
if necessary		OFFICE SOUGHT OR HELD	Committee is primarily fo		DISTRICT NO. IF ANY	are illeasure }					ее	Page 2			
		Ë		ברף ברף	Ë	Eist n		NO. IF A	- Opone			<u>ا</u>			3
	SUPPORT		SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	ames of		NY.	ent, it any.	if any	OPPOSE	SUPPORT			of 7

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov		•		
EPPC Advice: advice@food ca gov (866/775-3777)	EDDC Advices adv		6	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		from Lines 2, 7, and 9 (if any).	<i>ω</i>	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
		filed for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
		should be subtracted from previous period amounts. If	١,	
		of your last report. Some amounts in Column A may be negative figures that	10,793.00	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts	*Amounts in this section r	add amounts in Column A to the corresponding amounts from Column B	11,456.00	13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4
\$		To calculate Column B,	\$ 0	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16
⇔		\$ 10,793.00	\$ 10,793.00	11. TOTAL EXPENDITURES MADE
lotal to Date	Date of Election (mm/dd/yy)			9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary Adjustment
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulativ	⇔	φ	SUBTOTAL CASH PAYMENTS
ouiilinaly loi state	Candidates	\$ 10,793.00	\$ 10,793.00	6. Payments Made Schedule E. Line 4
time on for state				
₩	21. Expenditures Made \$	\$ 11,456.00	s 11,456.00	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
S		\$ 11,456.00	\$ 11,456.00	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+
1/1 through 6/30 7/1 to Date		\$ 11,456.00	11,456.00	Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Sum Running in Both the General Elections	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1385078				NAME OF FILER LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016
Page 3 of 7	4/23/2016	through		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period 3/21/2016	Stat from 3/	to wildle dollars.	Summary Page

Amounts may be rounded

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Schedule B – Part 1		to whole dollars.			Statement covers period	rs period	CALIFORNIA A SO	A 460
Loans Received				-	from 3/21/2016		FORM	100
SEE INSTRUCTIONS ON REVERSE					through 4/23/2016	6	Page 4	of 7
NAME OF FILER							I.D. NUMBER	
LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016	TRICT 2, 2016			-			1385078	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
LUIS A PANCARTE	BUSINESSMAN			PAID	00 576 6		9 945 00	CALENDAR YEAR
2672 SANDALWOOD DRIVE EL CENTRO, CA 92243	WESTERN MESQUITE MINES			S FORGIVEN	<u>\$ 9,945.00</u>	RATE %	<u>\$ 9,945.00</u>	§ 9.945.00 PER ELECTION™
		0	\$ 9,945.00	\$	DATE DUE		3/21/16	<u>9.945.00</u>
PANCARTE	BUSINESSMAN			PAID				CALENDAR YEAR
2672 SANDALWOOD DRIVE EL CENTRO, CA 92243	WESTERN MESQUITE MINES			\$	s <u>1,511.00</u>	RATE	<u>s 1,511.00</u>	\$ 17,456.00 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		0	<u>s 1,511.00</u>	5	DATE DUE		4/20/16 DATE INCURRED	s 11,456.00
				PAID				CALENDAR YEAR
				S FORGIVEN	5	RATE %		PER ELECTION**
†□ ND □ COM □ OTH □ PTY □ SCC			S	S	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	\$11,456 \$	40	\$11,456 \$			
O						(Enter (e) on Schedule E, Line 3)		
Total Column (b) plus unitemized loans of less than \$100.)	s of less than \$100.)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ <u>11,4</u>	11,456.00	ζ)	†Contributor Codes	
2. Loans paid or forgiven this period				\$ p		COIN	IND Individual COM Recipient Committee	mmittee
(Include loans paid by a third party that are also itemized on Schedule A.)	are also itemized on Sche	dule A.)				 OT	(other than PTY or SCC) OTH - Other (e.g., business entity)	TY or SCC) usiness entity)
3. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.) Page, Column A, Line 2.		NET	↔ ⊢	1,456.00 (May be a negative number)	SCC	4 1 1	Small Contributor Committee
	y - age, Column A, Ellio A.			(may	Clacking ampliant			

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

** If required.

Payments Made Schedule E

Amounts may be rounded to whole dollars.

Statement covers period Page 5 CALIFORNIA FORM of 7

SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

from 3/21/2016 through 4/23/2016 1385078 I.D. NUMBER

				ואו רולותר, כת סבבסו
370.00	WEBSITE SERVICES APRIL - JUNE 2016	WEB		IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL CA 92251
2,728.00	BILLBOARD "SUBVENDOR PAYMENT" TO XAVIER OUTDOOR ADVERTISING, PO BOX 1925, EL CENTRO CA 92244 FOR \$2,727.80	PRT		IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251
				INTELVIOL, ON OCCO.
5,000.00	MARKETING AND COMMUNICATION SERVICES	PRO		IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
rmail)	web information technology costs (internet, e-mail)		PRI print ags	LII campaign literature and mailings
		services (lega	_	u
ne candidate/sponsor	s TSF	ivery and mes	, 0,	
	TRS	polling and survey research	POL polling and s	_
	TRC candidate travel, lodging, and meals	0 ,	PHO phone banks	FIL candidate filing/ballot fees
•		llating	PET petition circulating	CVC civic donations
	SAL	ses		
	RFD	meetings and appearances		
	RAD radio airtime and production costs	nmunications	MBR member communications	CMP campaign paraphernalia/misc.
	ter the code. Otherwise, describe the payment.	ou may en	the payment, y	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

Schedule E Summary

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

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

Amounts may be rounded to whole dollars.

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

Statement covers period

SCHEDULE E (CONT.)

FORM 460

Page 6

through 4/23/2016 from 3/21/2016 1385078 I.D. NUMBER

2.521.00	SUBTOTAL \$2.521.00	edule D.	be summarized on Sch	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
173.00	VOTER FILE SUPERVISOR DISTRICT #2 - 1014001-491045	POL		COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839
300.00	CANDIDATE STATEMENT SUPERVISOR DISTRICT #2 - 7088000-301000	FIL		COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839
537.00	CANDIDATE FILING FEE SUPERVISOR DISTRICT #2 - 1014001-491045	ŧIL		COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839
513.00	LAWN SIGNS	СМР	:	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
998.00	BANNERS	CMP		ALL SPORTS INTERNATIONAL 317 HEFFERNAN AVE CALEXICO, CA 92231
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE C		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
₃ candidate/sponsor mail}	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs truct candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service postage, delivery and messenger service postage, delivery and messenger service professional services (legal, accounting) print ads	MBR member communi MTG meetings and app OFC office expenses PET petition circulating PHO phone banks POL polling and survey POS postage, delivery PRO professional servi PRT print ads	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 L1T campaign literature and mailings

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

from Statement covers period 3/21/2016

CALIFORNIA 460 FORM SCHEDULE

Page _

through

4/23/2016

1385078 I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

SEE INSTRUCTIONS ON REVERSE

IMPERIAL VALLEY LIVING

CMP CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, campaign paraphernalia/misc. MBR describe the payment.

office expenses member communications meetings and appearances 공 공 공 radio airtime and production costs campaign workers' salaries returned contributions

postage, delivery and messenger services polling and survey research phone banks petition circulating TRC 垣 candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs

professional services (legal, accounting) information technology costs (internet, e-mail) voter registration

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

FND cVc CNS

fundraising events

H

candidate filing/ballot fees

civic donations

PET PHO

MTG OFC

contribution (explain nonmonetary)*

campaign consultants

EG IN

legal defense

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) XAVIER OUTDOOR ADVERTISING PO BOX 1925 EL CENTRO CA 92244	PRT	BILLBOARD ADVERTISEMENT	2,728.00
	;		

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (Jan/2016)

TOTAL* \$ 2,728.00

Cover Page Campaign Statement Recipient Committee

Date Stamp RECEIVED COVER PAGE

	Statement covers period from 4/24/2016	Date of election if applicable: (Month, Day, Year)	MAY 25 2016	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through5/21/2016	6/7/2016	IMPERIAL COUNTY REGISTRAR OF VOTERS	₹\$.
1. Type of Recipient Committee: All Committees	All Committees Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Canjude Part 5) 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	 ☑ Preelection Statement ☑ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Termination) 	00	Quarterly Statement Special Odd-Year Report
General Purpose Committee O Sponsored	Primarily Formed Candidate	Amendment (Explain below)	ow)	
O Small Contributor Committee O Political Party/Central Committee	Ass Coopide Part 7)			
3. Committee Information	1.D_NUMBER 1385078	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016	RICT 2, 2016	ANTHONY PLANCARTE		
		2672 SANDALWOOD DRIVE	RIVE	
STREET ADDRESS (NO P.O. BOX) 2672 SANDALWOOD DRIVE		CITY CENTRO	STATE ZIP CODE	ODE AREA CODE/PHONE
CITY STATE Z	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
EL CENTRO CA 9	92243 (760)332-8808			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX	OX	MAILING ADDRESS		
PO BOX 4441				
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	ODE AREA CODE/PHONE
CA	92244 (760)332-8808			
OPTIONAL: FAX / E-MAIL ADDRESS		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 -Executed on Executed on Date

> Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent MI re of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent

	ts if necessary	Attach continuation sheets if necessary	Attacl	ODE AREA CODE/PHONE	STATE ZIP CODE	СПҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? NO OX)	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	.O. NOMBEX		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	[STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
t names of t.	er Committee Listee is primarily formed	date/Officeholde or which this commit	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	(ED C		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
= ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees are primarily formed to receive lidacy.	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.	Related Committe not included in this state contributions or make e
	IT	IDATE, OR PROPONEN	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ATTO OF SECTION	OD ORIVE EL CEINING	26/2 SANDALWOOD DRIVE
ment, if any.	state measure propo	older, candidate, or	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CITY STATE ZIP	O. AND STRE	RESIDENTIAL/BUSINESS
SUPPORT OPPOSE		JURISDICTION	BALLOT NO, OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HEL
			NAME OF BALLOT MEASURE	To Advent	R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ittee	Measure Comm	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	State from	Statement covers period 4/24/2016	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	5/21/2016	Page 3 of 7
NAME OF FILER LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016				1.D. NUMBER 1385078
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	4,098 3,885	4,098 15,341	General Elections	ns 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 7,983	19,439	20. Contributions Received \$	19,439 s
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	5 7,983	19,439	21. Expenditures S	14,690 s
Expenditures Made 6. Payments Made Schedule E. Line 4	s <u>3,897</u>	\$ 14,690	Expenditure Limit S Candidates	Limit Summary for State
	\$ 3,897	14,690	22. Cumulativ	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)			Date of Election (mm/dd/yy)	Total to Date
				9 €
12. Beginning Cash Balance	\$ 663.02 7,494.00	To calculate Column B, add amounts in Column		⇔
14. Miscellaneous Increases to Cash Schedule I. Line 4 15. Cash Payments Column A. Line 8 above 16. ENDING CASH BALANCE Add I inex 12 + 13 + 14. Then subtract I ine 15	3,408.00 4,749.02	amounts from Column B of your last report. Some amounts in Column A may be penalive froures that	reported in Column B.	'Amounts in this section may be different from amounts reported in Column B.
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	.	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	9	2-2121	FPPC Advice: advice	FPPC Form 460 (Jan/2010 FPPC Advice: advice@fppc.ca.gov (866/275-3773

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from Statement covers period 4/24/2016

CALIFORNIA 460 FORM

SCHEDULE A

4 <u>Q</u>

Page __ I.D. NUMBER

through

5/21/2016

NAME OF FILER 5/12/2016 5/12/2016 5/12/2016 4/29/2016 4/28/2016 DATE RECEIVED LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER) 961 LEE AVENUE SUSANA MARTINEZ DR. GUY YTURRALDE & JENNIFER EL CENTRO, CA 92243 2537 SANDALWOOD DRIVE VIRGINIA SEDANO & IGNACIO D SEDANO CALEXICO, CA 92231 2266 PEPPER DRIVE, EL CENTRO, CA 92243 YTURRALDE CALEXICO, CA 92231 1220 RANCHO FRONTERA AVENUE FRANK MARTINEZ AND ESTHER MARTINEZ EL CENTRO, CA 92243 PO BOX 1718 **ProfessionalRestorationService** CONTRIBUTOR
CODE * ZICCON SC PP S N ODDON SC PPR SC PR SCC PTY COM NO SCC PTY OF SCC PTY OT SCC PTY OF SCC PTY OT SCC PTY OF SCC PTY SCHOOL DISTRICT BUSINESS CALIFORNIA STATE **EDUCATOR** ACCOUNTANT RETIRED DENTIST CALEXICO UNIFIED ADMINISTRATOR PRISON RETIRED IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 100.00 250.00 150.00 100.00 150.00 750.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100.00 100.00 150,00 150.00 250,00 1385078 PER ELECTION TO DATE (IF REQUIRED) 100.00 250.00 150.00 150.00 100,00

Schedule A Summary

- Amount received this period itemized monetary contributions (Include all Schedule A subtotals.)\$
- Amount received this period unitemized monetary contributions of less than \$100
- ယ Total monetary contributions received this period.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)

2,838.00

2,450.00 388.00

OTH - Other (e.g., business entity)

(other than PTY or SCC)

COM - Recipient Committee

IND - Individual *Contributor Codes

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

NAME OF FILER LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016 from_ through Statement covers period 4/24/2016 5/21/2016 Page 5 1385078 CALIFORNIA 460 I.D. NUMBER FORM SCHEDULE A (CONT.) 으. 1

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O SCC	BUSINESS IND SCC IND FARMER SCC SCC SCC SCC SCC 1	FARMER 1,000.00
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· · · · · · · · · · · · · · · · · · ·		ADMINISTRATION
UTOR	OCCUPATION AND EMPLOYER REG	OCCUPATION AND EMPLOYER RECEIVED THIS (IF SELF-EMPLOYED, EMPEN NAME PERIOD OF BUSINESS) ADMINISTRATION
	AMOUNT RECEIVED THIS PERIOD 100.00	ρ

*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

Loans Received Schedule B - Part 1

Amounts may be rounded to whole dollars.

5/21/2016	from 4/24/2016	Statement covers period	
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2		2 2 2 2 2 3	SCHEDULE B - PART 1

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SEE INSTRUCTIONS ON REVERSE					through	5/21/2016	Page 6	of
NAME OF FILER							I.D. NUMBER	
LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016	STRICT 2, 2016						1385078	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST IT PAID THIS PERIOD	(I) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
LUIS A PLANCARTE 2672 SANDALWOOD DIVE EL CENTRO, CA 92243	BUSINESSMAN WESTERN MESQUITE MINES			PAID S FORGIVEN	5	RATE	3.885	CALENDAR YEAR 15,341 PER ELECTION**
¹☑ ND □ COM □ OTH □ PTY □ SCC		11,456.	3,885	S	DATE DUE	9	5/13/16 DATE INCURRED	s15,341
				PAID				CALENDAR YEAR
				S FORGIVEN	5	PATE	\$	PER ELECTION**
TO IND COM COTH CPTY CSCC		5	5	\$	DATE DUE	un un	DATE INCURRED	\$
				PAID				CALENDAR YEAR
	- 1\$ E			S FORGIVEN	S	RATE	ĺ	PER ELECTION**
I□ IND □ COM □ OTH □ PTY □ SCC		ľ	ŝ	5	DATE DUE	6%	DATE INCURRED	\$
		SUBTOTALS \$	\$		\$	€4		
Schedule B Summary 1. Loans received this period				େ	3 885	(Enter (e) on Schedule E Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)	ns of less than \$100.)					<u> </u>	†Contributor Codes	
Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	00 paid or forgiven.) at are also itemized on Sche	edule A.)					IND Individual COM Recipient Committee (other than PTY or SCC) OTH Other (e.g., business entity)	ymmittee YTY or SCC) rusiness entity)
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page. Column A. Line 2 	rv Page Column A. Line 2			NET \$	(3,885)		SCC – Small Contrib	Small Contributor Committee

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

	through	from	Statement covers period
I.D. NUMBER	Page 7 of	FORM	CALIFORNIA

THE PROPERTY OF THE PROPERTY O	* Payments that are contributions or independent expenditures must also be summarized on Schedule D	ALL SPORTS INTERNATIONAL 317 HEFFERNAN AVENUE CALEXICO, CA 92231	IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR	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 CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* FND independent expenditure supporting/opposing others (explain)* FNO professional services (legal, accounting) FNT print ads MBR member communications MTG meetings and appearances OFC office expenses FET petition circulating FNO phone banks FNO postage, delivery and messenger services FNO professional services (legal, accounting) WEB information technology cos
	SUBTOTAL \$	BANNERS	BILLBOARD RENTAL	MARKETING AND COMMUNICATION SERVICES	DESCRIPTION OF PAYMENT	code. Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travet, lodging, and meals TRS staff/spouse travet, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
	\$ 3.830	434	827.	2,569.	AMOUNT PAID	s re candidate/sponsor mail)

- 1. Itemized payments made this period. (Include all Schedule E subtotals.) 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).) 2. Unitemized payments made this period of under \$100...... G େ 69 3,897 0,000 0.00 67