

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 3/21/2016
through 4/23/2016

Date of election if applicable:
(Month, Day, Year)
6/7/2016

Date Stamp
RECEIVED
APR 26 2016
INTERNAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA 460
FORM
Page 1 of 7
For Official Use Only

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

- Offholder, 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/Offholder Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

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

I.D. NUMBER
1385078

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

Treasurer(s)

NAME OF TREASURER

ANTHONY PLANCARTE

MAILING ADDRESS

2672 SANDALWOOD DRIVE

CITY

EL CENTRO

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
2672 SANDALWOOD DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE
EL CENTRO CA 92243 (760)332-8808

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 4441

CITY STATE ZIP CODE AREA CODE/PHONE
EL CENTRO CA 92244 (760)332-8808

OPTIONAL: FAX / E-MAIL ADDRESS

STATE ZIP CODE AREA CODE/PHONE
CA 92243 (760)554-8813

STATE ZIP CODE AREA CODE/PHONE

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 4/26/16 Date

Executed on 04/26/2016 Date

By Anthony Plancarte Signature of Treasurer or Financial Treasurer

By Luís A Plancarte Signature of Controlling Officer/Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

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

Executed on _____ Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

LUIS A PLANCARTE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

IMPERIAL COUNTY SUPERVISOR 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2672 SANDALWOOD DRIVE EL CENTRO CA 92243

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

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

Statement covers period from <u>3/21/2016</u> through <u>4/23/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>7</u>	I.D. NUMBER 1385078

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 11,456.00	\$ 11,456.00
2. Loans Received.....	Schedule B, Line 3 \$ 11,456.00	\$ 11,456.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 11,456.00	\$ 11,456.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 11,456.00	\$ 11,456.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 11,456.00	\$ 11,456.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 10,793.00	\$ 10,793.00
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 \$ 10,793.00	\$ 10,793.00

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 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).
13. Cash Receipts.....	Column A, Line 3 above 11,456.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 10,793.00	
15. Cash Payments.....	Column A, Line 8 above 663.00	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 663.00	

Cash Equivalents and Outstanding Debts

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

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
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 B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 3/21/2016
through 4/23/2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

I.D. NUMBER
1385078

FULL NAME, STREET ADDRESS AND ZIP CODE (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 PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
LUIS A PLANCARTE 2672 SANDALWOOD DRIVE EL CENTRO, CA 92243	BUSINESSMAN WESTERN MESQUITE MINES	\$ 0	\$ 9,945.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 9,945.00	_____%	\$ 9,945.00	\$ 9,945.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	DATE DUE	DATE INCURRED	CALENDAR YEAR
LUIS A PLANCARTE 2672 SANDALWOOD DRIVE EL CENTRO, CA 92243	BUSINESSMAN WESTERN MESQUITE MINES	\$ 0	\$ 1,511.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1,511.00	_____%	\$ 1,511.00	\$ 11,456.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	DATE DUE	DATE INCURRED	CALENDAR YEAR
SUBTOTALS		\$ 11,456	\$ 11,456	\$	\$ 11,456	\$		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 11,456.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 11,456.00**
(May be a negative number)

†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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

Statement covers period
from 3/21/2016
through 4/23/2016

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I.D. NUMBER
1385078

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 |
| FILE | 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
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	PRO		MARKETING AND COMMUNICATION SERVICES	5,000.00
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	PRT		BILLBOARD "SUBVENDOR PAYMENT" TO XAVIER OUTDOOR ADVERTISING, PO BOX 1925, EL CENTRO CA 92244 FOR \$2,727.80	2,728.00
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	WEB		WEBSITE SERVICES APRIL - JUNE 2016	370.00
SUBTOTAL \$ 8,098.00				

* 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.) \$ 10,619.00
- Unitemized payments made this period of under \$100 \$ 174.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 10,793.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>3/21/2016</u> through <u>4/23/2016</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>7</u>	I.D. NUMBER 1385078

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

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 | tv 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
ALL SPORTS INTERNATIONAL 317 HEFFERNAN AVE CALEXICO, CA 92231	CMP		BANNERS	998.00
IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243	CMP		LAWN SIGNS	513.00
COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839	FIL		CANDIDATE FILING FEE SUPERVISOR DISTRICT #2 - 1014001-491045	537.00
COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839	FIL		CANDIDATE STATEMENT SUPERVISOR DISTRICT #2 - 7088000-301000	300.00
COUNTY OF IMPERIAL - ELECTIONS DEPARTMENT 940 W. MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839	POL		VOTER FILE SUPERVISOR DISTRICT #2 - 1014001-491045	173.00

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

SUBTOTAL \$2,521.00

Schedule G

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

Amounts may be rounded to whole dollars.

Statement covers period from 3/21/2016 through 4/23/2016

CALIFORNIA FORM 460

SCHEDULE G

Page 7 of 7

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

I.D. NUMBER
 1385078

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 IMPERIAL VALLEY LIVING

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
XAVIER OUTDOOR ADVERTISING PO BOX 1925 EL CENTRO CA 92244	PRT		BILLBOARD ADVERTISEMENT	2,728.00
TOTAL* \$ 2,728.00				

Attach additional information on appropriately labeled continuation sheets.

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

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period from <u>4/24/2016</u> through <u>5/21/2016</u>	Date of election if applicable: (Month, Day, Year) <u>6/7/2016</u>	Date Stamp RECEIVED MAY 25 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		Page <u>1</u> of <u>7</u> For Official Use Only	COVER PAGE

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

2. Type of Statement:

<input checked="" type="checkbox"/> Preclection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<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)
LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

I.D. NUMBER
1385078

Treasurer(s)
ANTHONY PLANCARTE

NAME OF TREASURER
ANTHONY PLANCARTE

MAILING ADDRESS
**2672 SANDALWOOD DRIVE
EL CENTRO CA 92243 (760)554-8813**

STREET ADDRESS (NO P.O. BOX)
**2672 SANDALWOOD DRIVE
EL CENTRO CA 92243 (760)332-8808**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
**PO BOX 4441
EL CENTRO CA 92244 (760)332-8808**

CITY STATE ZIP CODE AREA CODE/PHONE
EL CENTRO CA 92244 (760)332-8808

OPTIONAL FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/24/2016 Date

Executed on 05/21/2016 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

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

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
LUIS A PLANCARTE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY SUPERVISOR 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2672 SANDALWOOD DRIVE EL CENTRO CA 92243

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>4/24/2016</u> through <u>5/21/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1385078</u>

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 4,098	4,098
2. Loans Received.....	Schedule B, Line 3 3,885	15,341
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 7,983	19,439
4. Nonmonetary Contributions.....	Schedule C, Line 3 7,983	19,439
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 15,966	38,878

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	\$ 19,439	\$
21. Expenditures Made	\$ 14,690	\$

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 3,897	14,690
7. Loans Made.....	Schedule H, Line 3 3,897	14,690
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 7,794	29,380
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 3,897	14,690
10. Nonmonetary Adjustment.....	Schedule G, Line 3 3,897	14,690
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 14,690	29,380

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	____/____/____	\$ _____
	____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 663.02
13. Cash Receipts.....	Column A, Line 3 above 7,494.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00
15. Cash Payments.....	Column A, Line 8 above 3,408.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,749.02

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 \$ _____

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 4/24/2016
through 5/21/2016

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016 I.D. NUMBER 1385078

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)
4/28/2016	SUSANA MARTINEZ 961 LEE AVENUE CALEXICO, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED ACCOUNTANT	250.00	250.00	250.00
4/29/2016	VIRGINIA SEDANO & IGNACIO D SEDANO 2537 SANDALWOOD DRIVE EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR CALIFORNIA STATE PRISON	150.00	150.00	150.00
5/12/2016	Professional Restoration Service PO BOX 1718 EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS	150.00	150.00	150.00
5/12/2016	FRANK MARTINEZ AND ESTHER MARTINEZ 1220 RANCHO FRONTERA AVENUE CALEXICO, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CALEXICO UNIFIED SCHOOL DISTRICT	100.00	100.00	100.00
5/12/2016	DR. GUY YTURRALDE & JENNIFER YTURRALDE 2266 PEPPER DRIVE, EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED DENTIST	100.00	100.00	100.00
SUBTOTAL \$				750.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(include all Schedule A subtotals.) \$ 2,450.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 388.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,838.00

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

Statement covers period
from 4/24/2016
through 5/21/2016

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NAME OF FILER

LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

I.D. NUMBER
1385078

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
5/12/2016	AGNIESZKA HERNANDEZ 193 W DENNIS CT IMPERIAL, CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATION IID	100.00	100.00	100.00
5/12/2016	FRONTERA TILE SERVICE PO BOX 1768 CALEXICO, CA 92231	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS	500.00	500.00	500.00
5/12/2016	IMPERIAL VALLEY FAMILY CARE MEDICAL GROUP A.P.C. - 516 W ATEN ROAD SUITE 2 IMPERIAL, CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS	100.00	100.00	100.00
5/13/2016	MICHAEL ABATTI & KERRI ABATTI 1205 AURORA DRIVE EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER	1,000.00	1,000.00	1,000.00
SUBTOTAL \$				1,700.00		

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

**Schedule B -- Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 4/24/2016
through 5/21/2016

**CALIFORNIA
FORM 460**

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LUIS A PLANCARTE, SUPERVISOR DISTRICT 2, 2016

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I.D. NUMBER
1385078

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input checked="" type="checkbox"/> IND	LUIS A PLANCARTE 2672 SANDALWOOD DIVE EL CENTRO, CA 92243	BUSINESSMAN WESTERN MESQUITE MINES	\$ 11,456.	\$ 3,885	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	%	\$ 3,885 5/13/16	CALENDAR YEAR \$ 15,341 PER ELECTION** \$ 15,341
<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	%	DATE INCURRED	CALENDAR YEAR
SUBTOTALS			\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

- Loans received this period \$ 3,885
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ (3,885)
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from _____ through _____

Page 7 of _____

I.D. NUMBER

CALIFORNIA FORM 460

SCHEDULE E

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
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	PRO		MARKETING AND COMMUNICATION SERVICES	2,569.
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251	PRO		BILLBOARD RENTAL	827.
ALL SPORTS INTERNATIONAL 317 HEFFERNAN AVENUE CALEXICO, CA 92231	CMP		BANNERS	434
SUBTOTAL \$				3,830

* 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.) \$ 3,830
2. Unitemized payments made this period of under \$100 \$ 67
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 3,897