

Recipient Committee
Campaign Statement
Cover Page

Date Stamp RECEIVED APR 4 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
Statement covers period from <u>1-1-18</u> through <u>4-21-18</u>	Page <u>1</u> of <u>5</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>06-05-2018</u>	

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 13329497

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

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

760-222-5649

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

EL CENTRO

STATE

CA

ZIP CODE

92244

AREA CODE/PHONE

760-222-5649

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 5/3/18 Date

By Shouna Saldana Signature of Treasurer/Assistant Treasurer

Executed on 5/3/18 Date

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

Executed on _____ Date

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

Executed on _____ Date

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Raymond R. Carthel

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

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

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

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

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

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-18 through 4-21-18

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committees To Elect Raymond R. Castillo Imperial County Supervisor Dist 5

I.D. NUMBER: 13227497

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,000	\$ 1,000
2. Loans Received	Schedule B, Line 3 \$ 1,000	\$ 1,000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 2,000	\$ 2,000
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 1,000	\$ 1,000
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,000	\$ 3,000

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 926.98	\$ 926.98
7. Loans Made	Schedule H, Line 3 \$ 926.98	\$ 926.98
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,853.96	\$ 1,853.96
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 926.98	\$ 926.98
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 926.98	\$ 926.98
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3,708.90	\$ 3,708.90

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 540.35	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 \$ 1,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 926.98	
15. Cash Payments	Column A, Line 8 above \$ 615.37	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 926.98	

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

LOAN GUARANTEES RECEIVED

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

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

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 \$ _____

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

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

Expenditure Limit Summary for State Candidates

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

Schedule A Monetary Contributions Received

Amounts in are rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1-1-18
through 4-21-18

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I.D. NUMBER
1327497

NAME OF FILER
Committee To Elect Raymond R. Castillo Imperial County Supervisor District 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)
2/9/18	Bruce Kuhn 333 E. BARRON BLVD Imperial CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board of Directors Imperial Irrigation District	1,000	1,000	1,000
SUBTOTAL \$				<u>1,000</u>		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,000
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,000

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

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period
from 1-1-18
through 4-21-18

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I.D. NUMBER
1329497

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
<i>Imperial County Elections Dept 940 West Main St Center Calif 92243</i>	<i>FIL</i>		<i>VB Check # 700</i>	<i>540.98</i>
<i>Los Reyes Del Campo 890 B St Brawley Calif 92227</i>	<i>CVC</i>		<i>VB Check # 701</i>	<i>250.00</i>
<i>MAG Coalition 1131 Yucca Rd Albion CA 92249</i>	<i>CVC</i>		<i>VB Check # 702</i>	<i>100.00</i>
SUBTOTAL \$				890.98

* 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.) \$ 890.98
- Unitemized payments made this period of under \$100 \$ 36.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 926.98

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>RAYMOND R. CASTILLO</i>		ID. NUMBER (if applicable) <i>1327497</i>	Date of This Filing <i>5-4-18</i>	Date Stamp RECEIVED APR 4 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>760-222-5049</i>	STREET ADDRESS <i>678 OLIVE AVE</i>		Report No. <i>1</i>		
CITY <i>Heathville</i>	STATE <i>CA</i>	ZIP CODE <i>92250</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
1. Contribution(s) Received			No. of Pages <i>1</i>		

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
<i>2-9-18</i>	<i>BRUCE KUHN 333 E. BARRIONI Blvd Imperial Calif 92251</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Board of Directors Imperial Terrestrial District</i>	<i>\$1,000</i> <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

****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

Candidate Intention Statement

June 5, 2018

Date Stamp RECEIVED MAR 05 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA 501 FORM For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) CASTILLO, Raymond R. DAYTIME TELEPHONE NUMBER (710) 222-5049 FAX NUMBER (optional) _____ E-MAIL (optional) _____
 STREET ADDRESS 698 OLIVE AVE CITY Holtville STATE CA ZIP CODE 92250
 OFFICE SOUGHT (POSITION TITLE) County Supervisor Dist 5 AGENCY NAME _____ DISTRICT NUMBER, if applicable. 5 PARTY: NON-PARTISAN
 OFFICE JURISDICTION State (Complete Part 2) County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election (Year of Election) _____ Special/runoff election (Year of Election) _____

- (Check one box)
- I accept the voluntary expenditure ceiling for the election stated above.
 - I do not accept the voluntary expenditure ceiling for the election stated above.
 Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election. _____
- (Mark if applicable)
 On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/15/18 Signature [Signature]
 (month, day, year) (Candidate)