

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>5/20/2018</u> through <u>6/30/2018</u>	Date of election if applicable: (Month, Day, Year) <u>06/05/2018</u>	Date Stamp RECEIVED JUL 31 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	Page <u>1</u> of <u>17</u> For Official Use Only
CALIFORNIA FORM 460			

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

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

I.D. NUMBER
1403373

Committee to Re-elect Norma Sierra Galindo for IID Director Division 5
2018

Treasurer(s)

NAME OF TREASURER

Humberto Garza

MAILING ADDRESS

132 South 5th Street

CITY

EI Centro

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
1457 East Alamo Road

CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE 7604551886

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 464

CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE 7604551886

OPTIONAL: FAX / E-MAIL ADDRESS

CITY EI Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 7603528155

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ 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 07/31/18

Executed on 07/31/18

Executed on _____

Executed on _____

By _____

By _____

By _____

By _____

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Norma Sierra Galindo

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Director Division 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1457 East Alamo Road 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	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
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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Norma Sierra Galindo	Director	<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.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Norma Sierra Galindo

Statement covers period from 5/20/2018 through 6/30/2018	CALIFORNIA FORM 460
Page 3 of 17	I.D. NUMBER 1403373

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 1896.00	\$ 12430.00
2. Loans Received.....	Schedule B, Line 3 0.00	1050.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 1896.00	\$ 13480.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 1896.00	\$ 13480.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 9384.76	\$ 12138.62
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 9384.76	\$ 12138.62
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 9384.76	\$ 9384.76

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 8830.14
13. Cash Receipts.....	Column A, Line 3 above 1896.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00
15. Cash Payments.....	Column A, Line 8 above 9384.76
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1341.38

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents.....	See instructions on reverse \$ 0.00
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0.00

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.

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.

SCHEDULE A

Statement covers period
from 5/20/2018
through 6/30/2018

**CALIFORNIA
FORM
460**

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Norma Sierra Galindo

I.D. NUMBER
1403373

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)
05/25/18	BENSON FARMS, LLC PO BOX 239 BRAWLEY, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMING COMPANY	500.00	500.00	
5/25/18	MARK MCBROOM 6522 CORN ROAD CALIPATRIA, CA 92233	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER	1000.00	1000.00	
		<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 \$				1500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 396.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1896.00

*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.)

NAME OF FILER

Norma Sierra Galindo

Statement covers period
from 5/20/2018
through 6/30/2018

**CALIFORNIA
FORM 460**

Page 5 of 17

I.D. NUMBER
1403373

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 \$						

*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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 5/20/2018
through 6/30/2018

Page 6 of 17

Norma Sierra Galindo

I.D. NUMBER
1403373

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 PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gustavo Galindo 1457 East Alamo Road Holtville, CA 92250	Special Program Manager Imperial County Children and Families	\$ 0	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 50.00 DATE DUE <u>06/05/18</u>	0 % RATE 0.00	\$ 50.00 DATE INCURRED <u>01/31/18</u>	CALENDAR YEAR PER ELECTION**
Norma Sierra Galindo 1457 East Alamo Road Holtville, CA 92250	Teacher CALEXICO UNIFIED SCHOOL DISTRICT	\$ 0	\$ 0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1000.00 DATE DUE <u>06/05/18</u>	0 % RATE 0.00	\$ 1000.00 DATE INCURRED <u>02/02/18</u>	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		\$ 0.00	\$ 0.00	\$ 0.00	\$ 1050.00	\$ 0.00	\$ 0.00	

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B - Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period
from 5/20/2018
through 6/30/2018

Page 7 of 17

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Norma Sierra Galindo

I.D. NUMBER
1403373

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ PER ELECTION (IF REQUIRED)	
SUBTOTAL \$							

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

**CALIFORNIA
FORM 460**

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Norma Sierra Galindo

Statement covers period
from 5/20/2018
through 6/30/2018

Page 8 of 17

I.D. NUMBER
1403373

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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 \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULED
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Norma Sierra Galindo

Statement covers period
 from 5/20/2018
 through 6/30/2018

Page 9 of 17

I.D. NUMBER
 1403373

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/23/18	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	IMPERIAL PRINTERS PRINTING	7657.08		
6/14/18	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	GREEN HOUSE 24 X 96 BANNERS	1021.81		
6/22/18	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	US FLAG STORE FLAGS	105.87		
SUBTOTAL \$				8784.76		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 9384.76
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL... \$** 9384.76

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

NAME OF FILER

Norma Sierra Galindo

Statement covers period
from 5/20/2018
through 6/30/2018

Page 10 of 17

CALIFORNIA
FORM
460

SCHEDULE D (CONT.)

I.D. NUMBER
1403373

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/28/18	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	VOLUNTEER WORKER	350.00		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
6/28/18	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	PUBLIC RELATIONS	250.00		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				600.00		

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Norma Sierra Galindo

Statement covers period
from 5/20/2018
through 6/30/2018

Page 11 of 17

I.D. NUMBER
14033373

**CALIFORNIA
FORM
460**

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 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
IMPERIAL PRINTERS 430 W MAIN STREET EL CENTRO, CA 92243	CMP		PRINTING	7657.08
GREEN HOUSE 205 16TH STREET #C SAN DIEGO, CA 92101	CMP		BANNERS	1021.81
US FLAG STORE 100 WESTINGHOUSE DR STE 1 NEW STANTON, PA 15672	CMP		FLAGS	105.87
SUBTOTAL \$				8784.76

* 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.) \$ 9384.76
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 9384.76**

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Norma Sierra Galindo

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Statement covers period
 from 5/20/2018 through 6/30/2018

CALIFORNIA FORM 460
 Page 15 of 17
 I.D. NUMBER 1403373

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 | 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) |

* 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOTAL * \$				

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.

RECEIVED
 MAR 19 2018
 IMPERIAL COUNTY
 REGISTRAR OF VOTERS

Rejected: 18 2-22-18
 Returned: _____

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

MAR 05 2018

R
 L 13
 1403373

Statement of Organization
 Recipient Committee

Statement Type

- Initial
 Amendment
 Termination - See Part 1
 Not yet qualified or
 Date qualified as committee _____
 Date qualified as committee _____ Date of termination _____

Date Stamp
CALIFORNIA FORM 410
 For Official Use Only
RECEIVED
 In the office of the Secretary of State
 of the State of California
FEB 20 2018
 R/A

I.D. Number
 (if applicable)

NAME OF COMMITTEE
 Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 -- 2018

NAME OF TREASURER
 Humberto Garza
 of the State of California

STREET ADDRESS (NO P.O. BOX)
 1457 East Alamo Road

STREET ADDRESS (NO P.O. BOX)
 132 South 5th Street

CITY STATE ZIP CODE AREA CODE/PHONE
 Holtville CA 92250 760.554.1886

CITY STATE ZIP CODE AREA CODE/PHONE
 El Centro CA 92243 7603528155

MAILING ADDRESS (IF DIFFERENT)
 P.O. Box 464, Holtville, California 92250

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 galindo4iid@gmail.com

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Imperial Imperial

NAME OF PRINCIPAL OFFICER(S)
 Gustavo R Galindo

STREET ADDRESS (NO P.O. BOX)
 1457 East Alamo Road

CITY STATE ZIP CODE AREA CODE/PHONE
 Holtville CA 92250 760.562.6896

Attach additional information on appropriately labeled continuation sheets.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/11/18 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 25 Aug 2018 By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 -2018

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Imperial Credit Union	AREA CODE/PHONE 7603521540	BANK ACCOUNT NUMBER 15859797
ADDRESS 1602 W. Main Street	CITY El Centro	STATE ZIP CODE CA 92243

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			CHECK ONE	
Norma Sierra Galindo	Imperial Irrigation District Division 5	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Nonpartisan	Partisan (list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

Print

18 2218

RECEIVED

MAR 07 2018

IMPERIAL COUNTY
REGISTRAR OF VOTERS

Statement of Organization
Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____
Date qualified as committee _____ Date of termination _____

Date Stamp
RECEIVED
In the office of the Secretary of State
of the State of California
FEB 20 2018
CALIFORNIA FORM 410
For Official Use Only

I.D. Number (if applicable)

NAME OF COMMITTEE
Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 -- 2018

NAME OF TREASURER
Humberto Garza of the State of California

STREET ADDRESS (NO P.O. BOX)
1457 East Alamo Road

STREET ADDRESS (NO P.O. BOX)
132 South 5th Street

CITY STATE ZIP CODE AREA CODE/PHONE
Holtville CA 92250 760.554.1886

CITY STATE ZIP CODE AREA CODE/PHONE
El Centro CA 92243 7603528155

MAILING ADDRESS (IF DIFFERENT)
Box 464, Holtville, California 92250

NAME OF ASSISTANT TREASURER, IF ANY

MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
...ido4iid@gmail.com

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Imperial Imperial

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Gustavo R Galindo

STREET ADDRESS (NO P.O. BOX)
1457 East Alamo Road

CITY STATE ZIP CODE AREA CODE/PHONE
Holtville CA 92250 760.562.6896

Attach additional information on appropriately labeled continuation sheets.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/11/18 By _____
Executed on 25 Aug 2018 By _____
Executed on _____ By _____
Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 -2018

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Imperial Credit Union	AREA CODE/PHONE 7603521540	BANK ACCOUNT NUMBER 15859797	
ADDRESS 1602 W. Main Street	CITY El Centro	STATE CA	ZIP CODE 92243

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- Indicate the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Norma Sierra Galindo	Imperial Irrigation District Division 5	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

Print

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

RECEIVED Date Stamp MAR 02 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 501 For Official Use Only
--	---

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Galindo, Norma Sierra		DAYTIME TELEPHONE NUMBER (760) 4551886	FAX NUMBER (optional) ()	E-MAIL (optional) galindo4iid@gmail.com
STREET ADDRESS 1457 East Alamo Road		CITY Holtville	STATE CA	ZIP CODE 92250
OFFICE SOUGHT (POSITION TITLE) Director		AGENCY NAME Imperial Irrigation District	DISTRICT NUMBER, if applicable. Division 5	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: _____		(Name of Multi-County Jurisdiction)		2018 (Year of Election)

2. State Candidate Expenditure Limit Statement:

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

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff 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 2/28/2018 (month, day, year) Signature [Signature] (Candidate)

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 Date qualified as committee _____ Date of termination _____

Date Stamp RECEIVED MAR 02 2018 IMPERIAL COUNTY	CALIFORNIA FORM 410 For Official Use Only
--	---

I.D. Number <i>(if applicable)</i>	
NAME OF COMMITTEE Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 STREET ADDRESS (NO P.O. BOX) 1457 East Alamo Road CITY STATE ZIP CODE AREA CODE/PHONE Holtville CA 92250 760.554.1886 MAILING ADDRESS (IF DIFFERENT) P.O. Box 464, Holtville, California 92250 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) galindo4iid@gmail.com COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Imperial Imperial	NAME OF TREASURER Humberto Garza STREET ADDRESS (NO P.O. BOX) 132 South 5th Street CITY STATE ZIP CODE AREA CODE/PHONE El Centro CA 92243 7603528155 NAME OF ASSISTANT TREASURER, IF ANY STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE NAME OF PRINCIPAL OFFICER(S) Gustavo R Galindo STREET ADDRESS (NO P.O. BOX) 1457 East Alamo Road CITY STATE ZIP CODE AREA CODE/PHONE Holtville CA 92250 760.562.6896

Attach additional information on appropriately labeled continuation sheets.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 11/11/16 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 25 Aug 2018 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME Committee to Re-elect Norma Sierra Galindo for IID Director Division 5	I.D. NUMBER
--	-------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Imperial Credit Union	AREA CODE/PHONE 7603521540	BANK ACCOUNT NUMBER
ADDRESS 1602 W. Main Street	CITY El Centro	STATE CA
		ZIP CODE 92243

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE	
			Nonpartisan	Partisan (list political party below)
Norma Sierra Galindo	Imperial Irrigation District Division 5	2018	<input checked="" type="checkbox"/>	
			<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Clear Page

Print

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

Committee to Re-elect Norma Sierra Galindo for IID Director Division 5

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Clear Page

Print