Campaign Statement Recipient Committee

SEE INSTRUCTIONS ON REVERSE Cover Page Officeholder, Candidate Controlled Committee
OState Candidate Election Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ☐ Primarily Formed Ballot Measure from through Statement covers period 5/20/2018 6/30/2018 Date of election if applicable: (Month, Day, Year) Type of Statement: 06/05/2018 REGISTRAR OF VOTERS JUL 8 I 2018 RECEIVED Date Stamp Page _ CALIFORNIA FORM For Official Use Only of. COVER PAGE 17

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OPTIONAL: FAX / E-MAIL ADDRESS	Holtville CA	Y STATE	P.O. Box 464	Holtville CA	Y STATE	1457 East Alamo Road	STREET ADDRESS (NO P.O. BOX)	2010	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5	TO COME IT NO COL	COMMITTEE NAME (OR CANDIDATE'S NAME IS NO COMMITTEE)	3. Committee Information	O State Candidate Election Committee O Recall [Ass Camplete Part 5] General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee
	92250	ZIP CODE	R P.O. BOX	92250	ZIP CODE				alindo i	(INIT EE)	AMITTEE)		
	50	ODE		50	ODE				for IID D		1403373	I.D. NUMBER	Committee Committee Controlled Sponsoree (Aso Complete Part i) Primarily Form Officeholder C (Also Complete Part 7)
	7604551886	AREA CODE/PHONE	3 4 4	7604551886	AREA CODE/PHONE				irector Division 5		73	ER	Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
OPTIONAL: EAV /E MAIL ADDRESS		CITY	MAILING ADDRESS	THE OF THE PROPERTY IS AND	TIMATE	EI Captro	132 South 5th Street	MAILING ADDRESS	Humberto Garza	NAME OF TREASURER	reasurer(s)	Troopings/c)	Semi-annual Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
	5	STATE			Š	STATE						-	
	ZIP CODE	2000			92243	ZIP CODE							☐ Quarterly Statement ☐ Special Odd-Year Report
	AREA CODE/PHONE				7603528155	AREA CODE/PHONE							itement Year Report

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 _	Executed on _
Date	Date	07 31 X	07/31/18

Signature of Controlling Officeholtier, Dapdidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent urer or Assistant Treasure

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CALIFORNIA FORM	
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			Page2
5. Officeholder or Candidate Controlled Committee	nittee	6. Primarily Formed Ballot Measure Committee	re Committee
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Norma Sierra Galindo			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	TION
imperial Irrigation District Director Division 5			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		
1457 East Alamo Road Holtville	le CA 92250	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ndidate, or state measure prop
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	PROPONENT
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.	atement: List any committees or are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEES	7. Primarily Formed Candidate/Of	ïceholder Committee <i>Li</i>
	☐ YES ☐ NO	officeholder(s) or candidate(s) for which this committee is primarily formed.	his committee is primarily forme
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	iox)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
CITY STATE ZID		Norma Sierra Galindo	Director
(;		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
COMMITTEE NAME	I.D. NUMBER		
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
NAME OF TREASURER	CONTROLLED COMMITTEE?		
COMMITTEE ADDRESS STREET ADDRESS (10 DO DO)	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	Attach continu	Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

Summary Fage		from	Statement covers period 5/20/2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	6/30/2018	Page3 of17
Norma Sierra Galindo				1.D. NUMBER 1403373
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	nary for Candidates State Primary and
1. Monetary Contributions	\$ 1896.00 0.00 1896.00 0.00 1896.00	\$ 12430.00 \$ 1050.00 \$ 13480.00 0.00 \$ 13480.00	General Elections 1/1 thr 20. Contributions Received \$ 21. Expenditures Made \$	ns 1/1 through 6/30 7/1 to Date \$\$
Expenditures Made Schedule E, Line 4 \$ 6. Payments Made Schedule H, Line 3 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 C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	9384.76 0.00 9384.76 0.00 0.00 0.00 9384.76	\$ 12138.62 0.00 \$ 12138.62 0.00 0.00 \$ 9384.76	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	e Limit Summary for State Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection If yy) \$
Current Cash Statement 12. Beginning Cash Balance	8830.14 1896.00 0.00 9384.76 1341.38	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	*Amounts in this section may be different from amounts reported in Column B.	\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		FPPC Form 460 (Jan/2016)
			FPPC Advice: advice	FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

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Wonetary SEE INSTRUCTIO	Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE	8	WINTER ACTION	Statement covers period 5/20/2018 from5/20/2018		CALIFORNIA 460 FORM Page 4 of 17
NAME OF FILER Norma Sie	Nerma 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 R TO DATE (IF REQUIRED)
05/25/18	BENSON FARMS, LLC PO BOX 239 BRAWLEY, CA 92227	□ IND □ IND □ PTY SCC	FARMING COMPANY	500.00	500.00	
5/25/18	MARK MCBROOM 6522 CORN ROAD CALIPATRIA, CA 92233	□ IND □ COM □ OTH □ PTY SCC	FARMER	1000.00	1000.00	
		OTH SCC				
		ODD OTH SCC			,	
		OTH H				
Schedule A	Summary		SUBTOTAL \$	1500.00		
1. Amount rec (Include all	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		θ	1500.00	IND – Individual	Contributor Codes IND – Individual COM – Recipient Committee
	Amount received this period – unitemized monetary contributions of less than \$100	of less than	ř	396.00	OTH - C	(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party
 Iotal monet (Add Lines) 	lotal monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page Column A Line 1).	nn Aline 1	TOTAL e	1896.00	scc-s	SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (f '275-3772)
wv. .pc.ca.gov

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Norma Sierra Galindo

Amounts may be rounded

			to whole dollars.
	through 6/30/2018	from 5/20/2018	Ctatomont policy policy
1.D. NUMBER 1403373	Page5 of17	FORM 460	SCHEDULE A (CONT.)

						DATE RECEIVED
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DDDDD SCC	O SCC	DDDDD SCC SCC	SCC	DD COM SCC	CONTRIBUTOR CODE *
\$UBTOTAL						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
		# ²				AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
		* * * * * * * * * * * * * * * * * * *				PER ELECTION TO DATE (IF REQUIRED)

*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

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Amounts may be rounded

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Loans Received		to whole dollars.	97		Statement covers period from 5/20/2018	t covers period 5/20/2018	CALIFORNIA	[™] 460
SEE INSTRUCTIONS ON REVERSE					igh	6/30/2018	Page 6	of 17
NAME OF FILER							I.D. NUMBER	
Norma Sierra Galindo							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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(t) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gustavo Galindo 1457 East Alamo Road Holtville, CA 92250	Special Program Manager Imperial County			PAID FORGIVEN	\$50.00	0 %	\$ 50.00	CALENDAR YEAR S PER ELECTION**
TIND □ COM □ OTH □ PTY □ SCC	Cilidiei and Families	0	0.00	\$ 	06/05/18 DATE DUE	\$0.00	01/31/18 DATE INCURRED	69
Norma Sierra Galindo 1457 East Alamo Road Holtville, CA 92250	Teacher CALEXICO UNIFIED SCHOOL DISTRICT			PAID FORGIVEN	\$ <u>1000.00</u>	O %	\$ <u>1000.00</u>	CALENDAR YEAR PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		0	\$0.00	\$	06/05/18 DATE DUE	0.00	02/02/18 DATE INCURRED	
		100		PAID				CALENDAR YEAR
				\$	5	RATE	S	PER ELECTION **
T□ IND □ COM □ OTH □ PTY □ SCC		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	*	\$	DATE DUE	5	DATE INCURRED	\$
	S	SUBTOTALS \$	0.00 \$	0.00 \$	1050.00 \$	0.00		
O					6	(Enter (e) on Schedule E, Line 3)		
 Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 	of less than \$100.)			↔	0.00			
2. Loans paid or forgiven this period				⇔	0 00	- IND	TContributor Codes IND – Individual	
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)) paid or forgiven.) are also itemized on Sched	ule A.)				OT	COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)	mmittee TY or SCC) usiness entity)
Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)			NET \$	May be a negative number)	Scc	SCC – Small Contributor Committee	utor Committee

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

Loan G Schedule B - Part 2

ule B – Part 2	Amounts may be rounded		SCHEDULE B - PART 2
Highartors	to whole dollars.	Statement covers period	CALIFORNIA A CO
		from 5/20/2018	FORM 400
CTIONS ON REVERSE		through 6/30/2018	Page7 of17
LER			D NIIMBED
			I.U. NOMBEZ

•	Line 17 only.	L	11			
	Enter on mmary Page,	Sur	SUBTOTAL \$			
		⇔			Lacc	
	(IF REQUIRED)	(IF	DATE	25	HIO H	
					СОМ	
	CALENDAR YEAR	CAL	LENDER	D X	□ IND	
		\$			000	
	(IF REQUIRED)	<u> </u>	DATE		D D C	
		\$			COM	
	CALENDAR YEAR	C _A	LENDER		□ NB	
		\$			Lscc	
	(IF REQUIRED)	₽	DATE		D PTP	
					СОМ	
	CALENDAR YEAR	CA	LENDER		□ IND	
		\$ I			Scc	
	(IF REQUIRED)	G G	DATE		L PTP	
		₩ 1			COM	
	CALENDAR YEAR	75	LENDER		O IND	
BALANCE OUTSTANDING TO DATE	CUMULATIVE OU	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARAN TOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1403373					Norma Sierra Galindo
	I.D. NUMBER					NAME OF FILER
of	Page 7	6/30/2018	through_			SEE INSTRUCTIONS ON REVERSE
100	FORM	5/20/2018	from			

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

from_ through _ Statement covers period 5/20/2018 6/30/2018 Page ___ CALIFORM ω 읔 400 17

I.D. NUMBER

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Attach additi					DATE RECEIVED	Norma Sic
Attach additional information on appropriately labeled continuation sheets.					FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Norma Sierra Galindo
continuation s	OTH SCC	□ COM □ SCC	OTH SCC	OSCC OSC	CONTRIBUTOR CODE *	
heets.					IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
SUBTOTAL \$			·		DESCRIPTION OF GOODS OR SERVICES	
					AMOUNT/ FAIR MARKET VALUE	
					CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	1403373
					PER ELECTION TO DATE (IF REQUIRED)	73

Schedule C Summary

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

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

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

Amounts may be rounded to whole dollars.

from. Statement covers period 5/20/2018

CALIFORNIA SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norma Sierra Galindo through. 6/30/2018 Page __ I.D. NUMBER 1403373 FORM 9 으 17

	8784.76	30010141			
,		SIIRTOTAL			
			Independent Expenditure	☑ Support ☐ Oppose	
	105.87	US FLAG STORE FLAGS	☐ Monetary Contribution ☐ Nonmonetary Contribution	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	6/22/18
			Expenditure	☑ Support ☐ Oppose	
	1021.81	GREEN HOUSE 24 X 96 BANNERS	Contribution Contribution Nonmonetary Contribution	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	6/14/18
			Expenditure	☑ Support ☐ Oppose	
	7657.08	IMPERIAL PRINTERS PRINTING	Contribution Contribution Nonmonetary Contribution	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	5/23/18
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DATE

Schedule D Summary

6

9384.76

0.00

- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$
- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL.. \$ 9384.76

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

NAME OF FILER

Norma Sierra Galindo

Amounts may be rounded to whole dollars.

from_ through_ Statement covers period 5/20/2018 6/30/2018 CALIFORNIA 460 Page 10 I.D. NUMBER SCHEDULE D (CONT.) 으 17

1403373

		1				2 2 2			6/28/18		6/28/18	DATE
	☐ Support ☐ Oppose			☐ Support ☐ Oppose			☑ Support ☐ Oppose		Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	☑ Support ☐ Oppose	Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 2018	NAME OF CANDIDATE, OFFICE, AND JURISDICTION, MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
	Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Nonmonetary Contribution	☐ Monetary Contribution	1	Contribution Independent		Expenditure	Monetary Contribution	TYPE OF PAYMENT
\$UBTOTAL									PUBLIC RELATIONS		VOLUNTEER WORKER	DESCRIPTION (IF REQUIRED)
600.00		W-10-10-10-10-10-10-10-10-10-10-10-10-10-				P P		.00	250 00		350.00	AMOUNT THIS PERIOD
												CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
												PER ELECTION TO DATE (IF REQUIRED)

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Norma Sierra Galindo

Amounts may be rounded to whole dollars.

through Statement covers period 5/20/2018 6/30/2018 1403373 Page 11 I.D. NUMBER CALIFORNIA of SCHEDULEE 17

from.

T657.08 7657.08 7657.08 7657.08 7657.08	Column A, Line 6.)			Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	or independent expenditures must also be summarized on Schedule D.	JS FLAG STORE 100 WESTINGHOUSE DR STE 1 CMP FLAGS 105.8	GREEN HOUSE 205 16TH STREET #C SAN DIEGO,CA 92101 BANNERS 1021.8	MPERIAL PRINTERS 430 W MAIN STREET EL CENTRO, CA 92243 CMP PRINTING 7657.0	NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRC 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 voter registration FRO professional services (legal, accounting) WEB information technology costs (internet, e-mail)
---	--------------------	--	--	---	--------------------	--	---	---	---	--	--

Scheaule G

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Norma Sierra Galindo

Amounts may be rounded to whole dollars.

Statement covers period 5/20/2018

CALIFORNIA FORM SCHEDULE G

Page _ 5 9

17

through

6/30/2018

I.D. NUMBER 1403373

Attach additional information on appropriately labeled continuation sheets. 는 E N FND CVC CTB CMP * Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: campaign literature and mailings campaign paraphernalia/misc. legal defense civic donations contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS PRO POL PET PHO OFC MTG professional services (legal, accounting) print ads postage, delivery and messenger services polling and survey research petition circulating office expenses meetings and appearances member communications phone banks CODE SR DESCRIPTION OF PAYMENT TRC TRS TSF VOT E SA RAB information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals candidate travel, lodging, and meals voter registration transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs returned contributions campaign workers' salaries radio airtime and production costs AMOUNT PAID

TOTAL* \$

^{*} 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.

RECENTO

MAR 1 9 2018

IMPERIAL COUNTY REGISTRAR OF VOTERS

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

R 14033	73	Africa	MAR 05	2018
Statement of Organization Recipient Committee Statement Type Vinitial Amendment Terminal Term	DEC	Date Stamp	CALIFO	RM 410
Not yet qualified or O Date qualified as committee ——/——/-	of termination	fice of the Secretary the State of Californ	of State	For Official Use Only
I.D. Number (if applicable)	The state of the s			
NAME OF COMMITTEE Committee to Re-elect Norma Sierra Galindo for IID Director Division 5 - QOIS	NAME OF TREASURER Humberto Garza STREET ADDRESS (NO P.O. BOX) 132 South 5th Street		or the	B 2 0 2018
	EI Centro NAME OF ASSISTANT TREASURER, IF AN	STATE CA	21P CODE 92243	AREA CODE/PHONE 7603528155
Holtville CA 92250 760.554.1886 MAILING ADDRESS (IF DIFFERENT) P.O. Box 464, Holtville, California 92250	STREET ADDRESS (NO P.O. BOX)			
e-mail address (required) / Fax (optional) galindo4lid@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)			
Attach additional information on appropriately labeled continuation sheets.	1457 East Alamo Road CITY Holtville	d STATE CA	ZIP CODE 92250	AREA CODE/PHONE 760.562.6896
I have used all reasonable diligence in preparing this statement and to the best of me penalty of perjury under the laws of the State of California that the foregoing is true		n contained herein is tru	e and comple	ete. I certify under
Executed on Date By Granting Granting Figure 25 Page 25 Pa	OC TREASURER OR ASSISTANT TREASURER	>		
Executed onBy	OFFICEHOLDER, CANDIDATE, OR STATE MEAS			
Executed on By	CONTESTION DED CANDIDATE OF STATE MEA			

Statement of Organization Recipient Committee						CALIFOR FORM	A SECOND	10	
INSTRUCTIONS ON REVERSE						Page 2			
COMMITTEE NAME		2011				I.D. NUMBER			
Committee to Re-elect Norma Sierra Galindo for IID Director	Division 5	-1018							
• All committees must list the financial institution where the campaign	bank account	is located.							
NAME OF FINANCIAL INSTITUTION	AREA COL	DE/PHONE	BANK ACCOUN		7777	<u> </u>			
First Imperial Credit Union	76035	21540	15	85	7797				
ADDRESS	CITY		STATE	ZIP	CODE				
1602 W. Main Street	El Cer	itro	CA	92	243				
Controlled Committee							No.		
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	e measure p	roponent. If candidate or off	iceholder co	ontrolled, a	also list the el	lective office s	ought or he	ld, and	
• List the political party with which each officeholder or candidate	e is affiliated	or check "nonpartisan." Stati	ng "No part	ty preferen	ce" is accepta	able.			
• If this committee acts jointly with another controlled committee	e, list the nar	ne and identification number	of the othe	r controlle	d committee.	:			
		ELECTIVE OFFICE SOUGHT OR HELD YEAR OF				PARTY			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	1 (1	INCLUDE DISTRICT NUMBER IF APPLICABLE) E			CHECK ONE Nonpartisan Partisan (list political party bel			pelow)	
Norma Sierra Galindo	Imperial	Irrigation District Division 5	5	2018	✓ Partisan (list political party bett			,	
	+				Nonpartisan	Partisan (list political party below)			

Primarily Formed Committee Primarily formed to support or	oppose spec	ific candidates or measures ir	n a single ele	ection. Lis	t below:				
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAMI		CANDIDATE(S) OFFICE (INCLUDE DISTR				ON	CHECK	ONE	
IF A RECALL, STATE RECALL IN PROBE OF THE OFFICEROLDER'S NAME		(Mecobe Bish					SUPPORT	OPPOSE	
		8							
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MAR 07 2018

IMPERIAL COUNTY REGISTRAR OF VOTERS

Statement of (Organization			I	Date Sta	ımp	CALIE	ODNIA
Recipient Con								ORNIA 410
Statement Type	☑ Initial ■ Not yet qualified	☐ Amendment	☐ Termin	ation – See Part KE In th	CEIVED	Secretary	FO State	For Official Use Only
	or O Date qualified as committee	Date qualified as committe	/	termination	of the State C	er Galiforn	nia	
				in the expression with the second	FEB 20	1 2013		
	I.D. Nur			1. 1.	1 ()	÷.,	Market My Jonesia,	
NAME OF COMMITTEE Committee to Re-ele	ect Norma Sierra Galindo for	IID Director Division 5 **	2018	NAME OF TREASURER Humberto Garza			. or the	State of California
				STREET ADDRESS (NO P.O. BOX) 132 South 5th Street	et		FE	B 20 2018
STREET ADDRESS (NO P.O.	1011117.50			CITY		STATE	ZIP CODE	AREA CODE/PHONE
1457 East Alamo	Road			El Centro		CA	92243	7603528155
Holtville		zip code Area code, 2250 760.554.1		NAME OF ASSISTANT TREASURER,	IF ANY			
	tville, California 92250			STREET ADDRESS (NO P.O. BOX)				
iail address (Requir ido4iid@gmai				CITY		STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHER	E COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				
Imperial	Imperial			Gustavo R Galindo				
				street address (no p.o. box) 1457 East Alamo R	oad			
Attach additional i	information on appropriately	lahalad continuation chao	ate.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
	injormation on appropriately	iabelea continuation silee	:13.	Holtville		CA	92250	760.562.6896
I have used all re penalty of perjur Executed on	asonable diligence in prepari y under the laws of the State	ing this statement and to to to of California that the fore	the best of my k	knowledge the information of the correct.	ion contained he	rein is true	e and complet	e. I certify under
Executed on 25	Jun 2018 By	SIGNATURE	The state of the s	TREASURER OR ASSISTANT TREASURI				
Executed on/_	DATE By							
Executed on	DATE By			ICEHOLDER, CANDIDATE, OR STATE M				
	DATE	SIGNATUR	E OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT		FPPC	Form 410 (October/2017)

Statement of Organization Recipient Committee	, s	8			CALIFOI FORI	A Telephone	10
INSTRUCTIONS ON REVERSE	3				Page 2		
COMMITTEE NAME Committee to Re-elect Norma Sierra Galindo for IID Directo	r Division 5 - 2018	•			I.D. NUMBER		
All committees must list the financial institution where the campaign	bank account is located.		01				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BAN	K ACCOUNT NUMBER				
First Imperial Credit Union	7603521540		1585	9797			
ADDRESS	CITY	STAT	E ZI	IP CODE			
1602 W. Main Street	El Centro	C	A 9:	2243			
"strict number, if any, and the year of the election. "t the political party with which each officeholder or candidat It this committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Norma Sierra Galindo	e, list the name and ider	ntification number of the FFICE SOUGHT OR HELD ICT NUMBER IF APPLICABLE)		ed committee.	PARTY CK ONE	political party	below)
				Nonpartisan	Partisan (list	political party	below)
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	ETTER)	tes or measures in a sin CANDIDATE(S) OFFICE SOUGH (INCLUDE DISTRICT NO	T OR HELD OR MEASU	JRE(S) JURISDICTIO	n	CHECI	CONE
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•	-				EDDC E	orm 410 (Oct	-chor/2017
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Candidate Intention Statement			RECE		
Charle Our			MAR 02 IMPERIAL REGISTRAR	2018 count	1
1. Candidate Information:					
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAV N	IMPED		
Galindo, Norma Sierra	(760) 4551886	/	UMBER (optional)	E-MAIL	1 3 90 10
STREET ADDRESS	CITY	(STATE	ZIP COL	lo4iid@gmail.com
1457 East Alamo Road	Holtville		CA	92250	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME			DISTRICT NUMBER,	if applicable.	☑ NON-PARTISAN
Director Imperial Irr	igation District		Division 5		PARTY:
State (Complete Part 2.)					
			20	18	
☐ City ☐ County ☐ Multi-County: ————————————————————————————————————	(Name of Multi-County Jurisdiction)		(Year of E		
(Year of Election) Primary/general election (Check one box) 1 accept the voluntary expenditure ceiling for the election 1 do not accept the voluntary expenditure ceiling for the Amendment: O I did not exceed the expenditure ceiling in the printing general or special run-off election.	e election stated above.		and I accept	the volun	tary expenditure ceiling for
☐ On, I contributed personal funds in e	excess of the expenditure ceiling for the	ne electio	n stated above.		
3. Verification:					
I certify under penalty of perjury under the laws of the Executed on (month, day, year) Signal		ing is tru	e and correct.	FPPC A	FPPC Form 501 (Jan/2016) Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of (Recipient Con					Date Stamp	Contract of the Contract of th	ORNIA 410		
Statement Type	☑ Initial	☐ Amendment	☐ Termina	tion - See Part 5	RECEIVED	1	For Official Use Only		
	Not yet qualified	Amendment					101 Official Ose Offiy		
	or O Date qualified as committee	Date qualified as committee	Date of te	ermination	MAR 02 2018				
			Date of te	Time to the time t	IMPERIAL COUNT	γ			
	I.D. Nur (if applic				**************************************	2 No. 2 Proc. 1 2			
NAME OF COMMITTEE Committee to Re-el	lect Norma Sierra Galindo for	IID Director Division 5		NAME OF TREASURER Humberto Garza					
		ž.		STREET ADDRESS (NO P.O. BOX) 132 South 5th Stre	et				
STREET ADDRESS (NO P.O				CITY	STATE	ZIP CODE	AREA CODE/PHONE		
1457 East Alamo	Road			El Centro	CA	92243	7603528155		
CITY	STATE	ZIP CODE AREA CODE/PI	HONE	NAME OF ASSISTANT TREASURER	R, IF ANY				
Holtville		2250 760.554.18	386						
	oltville, California 92250			STREET ADDRESS (NO P.O. BOX)					
e-MAIL ADDRESS (REQUI galindo4iid@gma	IRED) / FAX (OPTIONAL) ail.com			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
COUNTY OF DOMICILE	I I	RE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)					
Imperial	mperial			Gustavo R Galindo)				
				STREET ADDRESS (NO P.O. BOX) 1457 East Alamo F	Road	·			
Attach additional	information on appropriately	u laheled continuation chaot	he.	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
	myormadon on appropriately	y labeled continuation street	.5.	Holtville	CA	92250	760.562.6896		
I have used all r penalty of perju	reasonable diligence in prepa ary under the laws of the Stat	ring this statement and to the control of the contr	he best of my k going is true ar	nowledge the informa	ition contained herein is t	rue and compl	ete. I certify under		
Executed on	By_								
Executed on 25	19. Sant	SIGNATURE	770	TREASURER OR ASSISTANT TREASU					
Executed on	, By		(
	DATE	SIGNATURE	OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT				
Executed on	DATE By	SIGNATURE	OF CONTROLLING OF	ICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT				

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE						CALIFO FOR		10
COMMITTEE NAME						Page 2		
Committee to Re-elect Norma Sierra Galindo for IID Director I	Division 5	5				I.D. NUMBER		
 All committees must list the financial institution where the campaign be 	ank accou	nt is located.						
NAME OF FINANCIAL INSTITUTION	AREA C	CODE/PHONE	BANKACCOL	INT NUMBER				
First Imperial Credit Union	7603	3521540	DAIN ACCOU	SIET ROINBER				
ADDRESS	CITY		STATE	7	IP CODE			
1602 W. Main Street	El Ce	entro	CA		2243			
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. List the political party with which each officeholder or candidate is If this committee acts jointly with another controlled committee, I 	s affiliated	d or check "nonpartis	an." Stating "No par	ty prefere	nce" is accepta		sought or he	eld, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBE	HT OR HELD R IF APPLICABLE)	YEAR OF ELECTION	CHEC	PARTY K ONE		
Norma Sierra Galindo	Imperial Irrigation District Division 5			2018	Nonpartisan ✓	Partisan (list political party be		below)
					Nonpartisan	Partisan (list	political party i	below)
Primarily Formed Committee Primarily formed to support or op CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	pose sper	CANDIDAT	easures in a single election of the Election o	D OR MEASI	IRE(S) ILIBISDICTIO	N	СНЕСК	ONF
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Statement of Organization Recipient Committee						CALIFORNIA FORM	410
INSTRUCTIONS ON REVERSE						Page 3	
COMMITTEE NAME Committee to Re-ele	ct Norma Sierra Galindo for	IID Director Division 5			ij	I.O. NUMBER	
General Purpose Con			ndidates or measures in a single cate				
PROVIDE BRIEF DESCRIPTION OF AC	TIVITY						5
Sponsored Committee	List additional sponsors	on an attachment.					
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONSOR				
EET ADDRESS	NO. AND STREET	CITY		STATE	ZIP CODE	AREA CODE/PHON	NE
Small Contributor Co.	mmittee	/					
			TELEPHONE THE OWN				
 This committee 	has ceased to receive contribu	tions and make expenditu	res;				

- 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.

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