1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	SEE INSTRUCTIONS ON REVERSE through07/:	Statement covers period from 05/20/2018	Recipient Committee Campaign Statement Cover Page
4.	07/31/2018	05/20/2018	
2. Type of Statement:	06/05/2018	Date of election if applicable: (Month, Day, Year)	
	IMPERIAL COUNTY	JUL 3 1 2018	Date Stamp
		Page of3 For Official Use Only	CALIFORNIA 460

rnavarrosos@hotmail.com	X / E-MAIL ADDRESS	92233 7	CITY STATE ZIP CODE AREA CODE/PHONE	P.O. Box 1463	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	33 7	CITY STATE ZIP CODE AREA CODE/PHONE	212 N. Imperial Ave.	SIREE ADDRESS (NO P.O. BOX)			Raul Navarro	COMMITTEE NAME (OR CANDIDATE'S NAME IT NO COMMITTEE)	r	3. Committee Information I.D. NUMBER	ittee	ributor Committee	General Purpose Committee Primarily Formed Candidate/	(Also Complete Part 6)	(Also Complete Part 5)	State Candidate Election Committee]
rnavarrosos@hotmail.com			CITY	P.O. Box 1463	MAILING ADDRESS	TABLE OF ANGLOSTIAL TIMEDOUNER, IT MAIL	NAME OF ASSISTANT TREASURED IF ANY	Calipatria	CITY	212 N. Imperial Ave.	MAILING ADDRESS	Raul Navarro	NAME OF TREASURER		Treasurer(s)			Amendment (Explain below)	(Also file a Form 410 Termination)	☐ Termination Statement	✓ Preelection Statement ✓ Semi-annual Statement	
	CA	13	l					C 2 1												. [
	92233 760/9603645	111					700/9000040	90033 Zeo/oeo3e/FHONE													Quarterly Statement	
	5	HONE					Č	HONE														

4 Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information confained 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	07/31/2018	
	Date	Systrature of Weasurer of Assistant
Executed on	07/31/2018	11/11/11
	Date	Signature of Controlling Officeholder, Candigated State Medisus/Reportent or Responsible Officer of Sponsor
Executed on	Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Date	By Signature of Controlling Officeholder Candidate State Measure Proposed

		Page 2 of [
5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee	ommittee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	
Raul Navarro		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	
Imperial Irrigation District Board of Directors District 3		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		
212 N. Imperial Ave. Calipatria CA 92233	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ate, or state measure proponent, if ar
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	PONENT
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.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME		
NAME OF TREASURER CONTROLLED COMMITTEE? DYES NO	 Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	holder Committee List names of ommittee is primarily formed.
(NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE NAME	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
OURSELL ADDRESS (NO F.O. BOX)		[
CITY STATE ZIP CODE AREA CODE/PHONE	Affach confinuation	Attach conjugation sheets if necessary

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

FPPC Advice: advice@fanc ca gov (866/275, 3777)		\$ 0.00	9. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$ 0.00	40
	filed for this calendar year, only carry over the amounts	\$0.00	7. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	should be subtracted from previous period amounts. If		If this is a termination statement, Line 16 must be zero.
	amounts in Column A may be negative figures that	\$ 456.63	5. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15
*Amounts in this section may be different from amounts reported in Column B.	amounts from Column B of your last report. Some	1421.00	4. Miscellaneous Increases to Cash Schedule I, Line 4
	add amounts in Column A to the corresponding	50	
\$		\$ 1377.63	Cash Statement Beginning Cash Balance Previous Summary Page, Line 16
06 / 05 / 18 \$ 5143.37	\$ 5143.37	\$1421.00	1. TOTAL EXPENDITURES MADE
	0.00	0.00	0. Nonmonetary Adjustmentschedule C, Line 3
Date of Election Total to Date	0.00	0.00	. Accrued Expenses (Unpaid Bills)schedule F, Line 3
 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 	\$ 5143.37	\$ 1421.00	9
Expenditure Limit Summary for State	\$ 5143.37	\$ 1421.00	Expenditures Made Payments MadeSchedule E, Line 4
Made A	\$ 3000.00	\$	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
nditures s 5143.37	5,00,00	500.00	Nonmonetary Contributions Schedule C, Line 3
20. Contributions \$5600.00 \$	\$ 5600.00	\$ 500.00	TONS
1/1 through 6/30 7/1 to Date	0.00	0.00	
General Elections	\$ 5600.00	\$ 500.00	. Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1404781			Raul Navarro
I.D. NUMBER			IAME OF FILER
07/31/2018 Page 3 of 13	through_		EE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	from		Summary Page
		201010101010101010101010101010101010101	

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

Schedule A Monetary Co ----J

Amounts may be rounded to whole dollars.

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from 05/20/. through07/31 AMOUNT RECEIVED THIS PERIOD 500.00	מס	ONS ON REVERSE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Steven G. Dahm P.O. Box 721 Brawley, CA 92227	SEE INSTRUCTIONS NAME OF FILER RAUI Navarro DATE RECEIVED 05/29/2018
	thro	AN INDIVIDUAL, ENTER LOPATION AND EMPLOYER SELF-EMPLOYER BUSINESS) Ther, Steven G. SUBTOTAL\$ 105/20// from07/31 through07/31 AMOUNT RECEIVED THIS PERIOD 500.00 SUBTOTAL\$ 1000.00	CONTRIBUTIONS RECEIVED Contributions Con

Schedule B -ナオのロー

Amounts may be rounded

SCHEDULE B - PART 1

Loans Received		to whole dollars.			Statement covers period from 05/20/2018	nt covers period 05/20/2018	CALIFORNIA FORM	[™] 460
SEE INSTRUCTIONS ON REVERSE					through07/3	07/31/2018	Page 5	of 13
NAME OF FILER					And the second s		I.D. NUMBER	
Raul Navarro							1404781	
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)	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	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	49	RATE	\$	PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC		*	9	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID			e e	CALENDAR YEAR
				\$	8	RATE		PER ELECTION**
↑□ IND □ COM □ OTH □ PTY □ SCC		Î	\$	S	DATE DUE	\$ P	DATE INCURRED	6 9
				☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE %	59	PER ELECTION**
TO IND COM OTH PTY SCC		, s	\$	\$	DATE DUE	8	DATE INCURRED	59
	S	SUBTOTALS \$	49		\$			
C						(Enter (e) on Schedule E, Line 3)		
(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	IN C	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 Schec	lule A.)					COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)	mmittee TY or SCC) Isiness entity)
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A. Line 2. 	2 from Line 1.) Page, Column A, Line 2.		NET	€ >	0.00	SCC	111	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.

through 07/31/2018	from05/20/2018	Statement covers period	
Page 6 of 13	FORM 400	CALIFORNIA A CO	SCHEDULE B - PART 2

		ПОТН	Сом				СОМ			□отн	СОМ				ПОТН	СОМ		FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENTER CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Raul Navarro	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE
		DATE		LENDER		DATE		LENDER		DATE		LENDER			DATE		LENDER	LOAN			III Gara
	ı		1							1			1			1		AMOUNT GUARANTEED THIS PERIOD			
Enter on	69	PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	*	(IF REQUIRED)	69	CALENDAR YEAR	\$	PER ELECTION (IF REQUIRED)	\$	CALENDAR YEAR	\$	(11 17 12 17 17 17 17 17 17 17 17 17 17 17 17 17	PER ELECTION	69	CALENDAR YEAR	CUMULATIVE TO DATE	1404781	I.D. NUMBER	- rage
	3																	BALANCE OUTSTANDING TO DATE			OT

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

t		vhole dollars.	
through07/31/2018	from 05/20/2018	Statement covers period	
Page 7 of 13	FORM 400	CALIFORNIA A CO	C I I I I I I I I I I I I I I I I I I I

									DATE FULL N RECEIVED ZIP (IF COM	Raul Navarro	יאינאור (יו יווררי)	SEE INSTRUCTIONS ON REVERSE
Attach additional information on appropriately labeled continuation sheets									FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			SEI
continuation s	SCC	MOS	□ SCC	OTH COM	SCC	OTH	OSC PTH COM	I N	CONTRIBUTOR CODE *			
sheets.									IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			
\$UBTOTAL \$									DESCRIPTION OF GOODS OR SERVICES			
0.00		i d			×				AMOUNT/ FAIR MARKET VALUE			through
									CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)			
					-					1404781	I.D. NUMBER	Page of.
									PER ELECTION TO DATE (IF REQUIRED)			of 12

Schedule C Summary

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

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

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

Amounts may be rounded

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Supporting/Opposing Other Candidates, Measures and Committees	to whole do	Hars.	from05/20/201		CALIFORNIA 460
IS ON REVERSE			through 07/31/20		8 of 13
				I.D. 7	.D. NUMBER
Raul Navarro				140	1404781
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	UMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	RATE PER ELECTION TO DATE (IF REQUIRED)
	Contribution Contribution Nonmonetary Contribution				
☐ Support ☐ Oppose	Expenditure				
Support Oppose	"				
	☐ Monetary Contribution			3 L	
	Nonmonetary Contribution				
☐ Support ☐ Oppose	Expenditure				
		SUBTOTAL	\$ 0.00		
Schedule D Summary 1. Itemized contributions and independent expenditures made	this period. (Includ	e all Schedule D subtotals.)			9.00
	Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Support Oppose Support Oppose Support Oppose Support Oppose Support Oppose	SON REVERSE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Support Oppose Monetary Contribution Independent Expenditure Expenditure Expenditure Expenditure Expenditure Expenditure Expenditure Expenditure	S, Measures and Committees SON REVERSE	TO Other TO SES and Committees TO PE OF PAYMENT MOBILATE. OFFICE, AND DISTRICT, OR MOREROR LETTER AND JUNISDICTION, OR COMMITTEE Monetary Contribution Independent expenditures made this period. (Include all Schedule D subtotals.)	TYPE OF PAYMENT CONTINUENT CONTIN

Sch

- 1. Ite
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$
- 0.00

Payments Made Schedule E

Amounts may be rounded to whole dollars.

from. through Statement covers period 05/20/2018 07/31/2018 CALIFORNIA 460 Page __ I.D. NUMBER FORM 으 SCHEDULEE w

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Raul Navarro -1404781

Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100\$	Schedule E Summary	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Robocent, Inc. 2129 General Booth Blvd., Suite 103-277 Virginia Beach, VA 23454		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. 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
		dule D.	РНО	WEB	CODE	ayment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads
₩ ₩		\$ SUBTOTAL	Phone Banks- RoboCalls	Web advertising	OR DESCRIPTION OF PAYMENT	ayment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads RED redured contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs trancal campaign workers' salaries TRC candidate travel, lodging, and meals TRS staff/spouse travel of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
1265.00 156.00		1265.00	1000.00	265.00	AMOUNT PAID	candidate/sponsor

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

1421.00

0.00

Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

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Accrued Expenses (Unpaid Bills) Schedule F

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

from_ through. Statement covers period 05/20/2018 07/31/2018 Page 10

CALIFORNIA 460

1404781 I.D. NUMBER

of | 13

CODES: If one of the following codes accurately describes the payment, you may enter the code. CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIND fundraising events IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services (legal defense LEG legal defense LT campaign literature and mailings NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT OF THIS PERION OF THE THIS PERION OF TH	the payment, you may enter the code. 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 CODE OR DESCRIPTION OF PAYMENT OF THIS PERIO OF THIS PERIO		Otherwise, describe the payment. RAD radio airlime and production RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and prod TRC candidate travel, lodging, an TRS staffispouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs (b) AMOUNT INCURRED THIS PERIOD (ALSO REP. (ALSO REP.	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same can voter registration information technology costs (internet, e-mail) T INCURRED S PERIOD (C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) C CALSO REPORT ON E) BA CO CO CALSO REPORT ON E) C C C C C C C C C C C C C C C C C C C	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) (b) (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD OF THIS PERIOD
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOS OF THIS PERIOR
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	↔	s,		49
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	hedule F, Column (b) suk ccrued expenses under \$	ototals for	INCU	INCURRED TOTALS \$	\$0.00
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitermized payments on accrued expenses under \$100.)	dule F, Column (c) subtoto ayments on accrued export fr the difference here and	als for payments on enses under \$100.)		. PAID TOTALS	0.00
on the Summary Page, Column A, Line 9.)		111111111111111111111111111111111111111		NET \$	May be a negative

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FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov 275-3772)

www.fppc.ca.gov

Schedure G

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Raul Navarro

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Amounts may be rounded to whole dollars.

from

Statement covers period 05/20/2018

CALIFORNIA FORM

SCHEDULE G

Page __ I.D. NUMBER

S

through

07/31/2018

1404781

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

SCHEDULE H

Loans Made to Others* Schedule H

SEE INSTRUCTIONS ON REVERSE

from	
	whole dollars.
State	s may be rounded

		to whole dollars.
	through07/31/2018	from05/20/2018
1.D. NUMBER 1404781	Page 12 of 13	FORM 460

Raul Navarro							1404781	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	. "			☐ PAID				CALENDAR YEAR
				FORGIVEN		RATE	8	\$PER ELECTION**
		69			DATE DUE		DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$ FORGIVEN	9	RATE %	-	\$PER ELECTION**
			*		DATE DUE		DATE INCURRED	4
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	or committee must n must also be	SUBTOTALS	es.	S	⇔	€		
						(Enter (e) on		

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

Schedule H Summary

**If Required

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

(May be a negative number)

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Schedule I Miscellanec

Amounts may be rounded

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Miscellaneous Increases to Cash	ases to Cash	to whole dollars.	Statement covers period 05/20/2018		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through07/31/2018		Page 13 of 13
NAME OF FILER				I.D	I.D. NUMBER
Raul Navarro				14	1404781
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
					a de
Attach additional information	Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL \$	0.00
Schedule I Summary 1. Itemized increases to cash this period.			&	0.00	
 Unitemized increases to c: Total of all interest receive 	 Unitemized increases to cash of under \$100 this period. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) 	edule H, Column (e).)		0.00	
Summary Page, Line 14.)	Summary Page, Line 14.)	വ 3. Enter nere and on	tne TOTAL \$	0.00	

Officeholder and Candidate Short Form Date of election if spilicable: Toyle \$72018
Date of election if applicable: MAR \$ 2018
Amendment (Explain Below) Amendment (Explain Below) AMAR 0 8 2018 AMAR 0 8 2018 APPERIAL COUNTY RECEPTRAR OF VOTERS APPEND ARROF VOTERS ANALLADDRESS AMALLADDRESS AMALLADDRESS COMMITTEE ADDRESS CALLI MAR 0 8 2018 AMAR OF VOTERS RECEPTRAR OF VOTERS RECEPTRAR OF VOTERS RECEPTRAR OF VOTERS AMAR 0 8 2018 AMAR 0 8 2018
Dale Stamp RECEIVED MAR 08 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS DO BOALD OF DICECTOR ION (LOCATION) PERIAL COUNTY REGISTRAR OF VOTERS TO MAKE expenditures on behalf of your cand NAME OF TREA O and that I will spend less than \$2,000 during the ca
Stamp EIVED 8 2018 COUNTY OF VOTERS NAME OF TREA

FPPC Form 470/470 Supplement (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Clear Form

Print Form

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	3. Veri
(Mark if applicable) On/, I contributed personal funds in excess of the expenditure ceiling for the election stated above.	(Mark i
Amendment: O 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.	
(Check one box) ☐ I accept the voluntary expenditure ceiling for the election stated above.	(Check
Primary/general election Special/runoff election (Year of Election)	(Year
2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)	2. Stat
OFFICE JÜRISDICTION State (Complete Parl 2.) State (Complete Parl 2.) City X County Multi-County: TMPEN A TRRIGATIONAL DISTRICT 2018 (Name of Multi-County Jurisdiction)	OFFICE JU
212 N. Imperial Ave. AGENCY NAME CA 12233 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME AGENCY NAME CA 12233 DISTRICT NUMBER, if applicable. ID NON-PARTISAN PARTY: TTD BOARd of Directors	212 OFFICE SC
andidate Information: OF CANDIDATE (Last, First, Middle Initial) NANALYO ROUNDERS OF CANDIDATE (Last, First, Middle Initial) OF CANDIDATE (Last, First, Middle Initial)	1. Can
Check One: MAR 0 8 2018 Amendment (Explain)	Che
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FPPC Form 501 (lan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

FPPC Form 410 (February/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	FPPC Advice:	DR STATE MEASURE PROPONENT	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE FROPONENT	SIGNATURE OF CONTR	ВУ	DATE	Executed on
		R STATE MEASURE PROPONENT	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	SIGNATURE OF CONTRO	By	DATE	Executed on
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Verification 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 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 have used in the foregoing is true and correct. ORAME 2018	ein is true and	ormation contained here	of my knowledge the Inf	Verification I have used all reasonable diligence in preparing this statement and to the best of my knowledge penalty of perjury under the laws of the State of California that the foregoing is true and correct.	gence in preparing this s aws of the State of Calif	ion d all reasonable dilig f perjury under the la	3. Verification I have used all rea penalty of perjury
ZIP CODE AREA CODE/PHONE	STATE Z		CITY	continuation sheets.	Attach additional information on appropriately labeled continuation sheets.	tional information or	Attach addi
		. BOX)	STREET ADDRESS (NO P.O. BOX)	awley (Division 3)	Calipatria, Niland, Brawley (Division 3)	MICILE	Imperial
		ICER(S)	NAME OF PRINCIPAL OFFICER(S	E IS ACTIVE	UNISDICTION WHERE COMMITTEE IS ACTIVE	rnavarrosos@hotmail.com	rnavarrosos
ZIP CODE AREA CODE/PHONE	STATE ZIS		СІТҮ	CA 92233	Calipatria	MAILING ADDRESS (IF DIFFERENT) O. Box 1463	P.O. Box 1463
		BOX)	STREET ADDRESS (NO P.O. BOX)	760/960-3645	STATE ZIP CODE CA 92233		Calipatria
92233 760/960-3645	CA 92	ASURER, IF ANY	Calipatria			s (no p.o. box) rial Ave.	STREET ADDRESS (NO P.O. BOX) 212 N. imperial Ave.
ZIP CODE AREA CODE/PHONE	STATE ZIP	Ave.	212 N. imperial Ave.		,		
		ROX)		NAME OF COMMITTEE Raul Navarro for Imperial irrigation District Board of Directors District 3, 2018	tion District Board of I	o for Imperial irrigat	NAME OF COMP. Raul Navarro
	Officers	and Other Principal Officers	2. Treasurer and		(if applicable)	Committee Information	1. Committ
APR 09 2018			Date of termination	Date qualified as committee Da	as committee	© Date qualified 03 / 26	
RECEIVED AND FILED in the office of the Secretary of State of the State of California		in the office of the Secretary of the State of California of the State of California	Termination – See Part 5 th th	Amendment ☐ Te		/pe Initial Not yet qualified or	Statement Type
CALIFORNIA 410	19 6 1 1 1 mgr.	Date Stamp	APR 16 2018 MAPERIAL COUNTY	14047	1 P	Statement of Organization Recipient Committee	Statement

Recipient Committee Statement of Organization

INSTRUCTIONS ON REVERSE

Page 2 I.D. NUMBER

Kaul Navallo loi ililpeliai ililgeneri	The large for Imperial Irrigation	DMMITTEE NAME	A COLUMN TO THE PROPERTY OF THE PARTY OF THE
Kaul Navallo loi ilipelia: ""e"	District Board of Directors District of Early	I is a series of Directors District 3 2018	

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

) A 022/3
AREA CODE/PHONE 760/339-1422 STATE ZIP CODE ZIP CODE

Controlled Committee

district number, if any, and the year of the election.

- 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
- 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. Raul Navarro NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT Imperial Irrigation Dist. Board of Dir. Dist. 3 ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF 2018 Nonpartisan Nonpartisan CHECK ONE Partisan (list political party below) Partisan PARTY (list political party below)

Primarily Formed Committee	
Primarily formed to support or op	

pose 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) SUPPORT