

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | | | |
|---|--|--|--|
| SEE INSTRUCTIONS ON REVERSE | Statement covers period from <u>05/20/2018</u> through <u>07/31/2018</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 |
| <p>1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input checked="" type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee</p> | | | <p>California 460 FORM</p> <p>Page <u>1</u> of <u>13</u> For Official Use Only</p> |
| <p>2. Type of Statement:</p> <p><input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small></p> <p><input type="checkbox"/> Amendment (Explain below)</p> | | | |

3. Committee Information

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

I.D. NUMBER
1404781

STREET ADDRESS (NO P.O. BOX)
212 N. Imperial Ave.

CITY
Calipatria

STATE
CA

ZIP CODE
92233

AREA CODE/PHONE
760/9603645

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1463

CITY
Calipatria

STATE
CA

ZIP CODE
92233

AREA CODE/PHONE
760/9603645

OPTIONAL: FAX / E-MAIL ADDRESS
mnavarrosos@hotmail.com

Treasurer(s)

NAME OF TREASURER
Raul Navarro

MAILING ADDRESS
212 N. Imperial Ave.

CITY
Calipatria

STATE
CA

ZIP CODE
92233

AREA CODE/PHONE
760/9603645

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
P.O. Box 1463

CITY
Calipatria

STATE
CA

ZIP CODE
92233

AREA CODE/PHONE
760/9603645

OPTIONAL: FAX / E-MAIL ADDRESS
mnavarrosos@hotmail.com

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 07/31/2018
Date

Executed on 07/31/2018
Date

Executed on _____
Date

By _____
Signature of Treasurer/Assistant Treasurer

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

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
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
Raul Navarro
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Board of Directors District 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
212 N. Imperial Ave. Callipatria CA 92233

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 |

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 PROPOONENT

OFFICE SOUGHT OR HELD DISTRICT NO., IF ANY

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

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period
from 05/20/2018
through 07/31/2018

CALIFORNIA
FORM 460
Page 3 of 13

I.D. NUMBER
1404781

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Rauli Navarro

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions..... | Schedule A, Line 3 \$ 500.00 | \$ 5600.00 |
| 2. Loans Received..... | Schedule B, Line 3 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 500.00 | \$ 5600.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 500.00 | \$ 5600.00 |

Expenditures Made

| | | |
|---|------------------------------------|------------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 1421.00 | \$ 5143.37 |
| 7. Loans Made..... | Schedule H, Line 3 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 1421.00 | \$ 5143.37 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 0.00 | 0.00 |
| 10. Nonmonetary Adjustment..... | Schedule G, Line 3 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 \$ 1421.00 | \$ 5143.37 |

Current Cash Statement

| | | |
|--|--|--|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 1377.63 | |
| 13. Cash Receipts..... | Column A, Line 3 above 500.00 | |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 0.00 | |
| 15. Cash Payments..... | Column A, Line 8 above 1421.00 | |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 456.63 | |

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

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

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ 5600.00 | \$ |
| 21. Expenditures Made | \$ 5143.37 | \$ |

Expenditure Limit Summary for State Candidates

| | | |
|--|--------------|-----------------------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | | |
| Date of Election (mm/dd/yy) | 06 / 05 / 18 | Total to Date \$ 5143.37 |
| | / / | \$ |

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

STATEMENT A
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Raul Navarro

I.D. NUMBER
1404781

Statement covers period
from 05/20/2018
through 07/31/2018

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| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE <small>(IF REQUIRED)</small> |
|--------------------|--|---|--|-----------------------------|---|--|
| 05/29/2018 | Steven G. Dahm P.O. Box 721 Brawley, CA 92227 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Rancher, Steven G. Dahm | 500.00 | 500.00 | 500.00 |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1000.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 500.00**

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

Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **Raul Navarro**

Statement covers period from 05/20/2018 through 07/31/2018

I.D. NUMBER: **1404781**

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| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|-----------------------------------|--|--|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE _____ | _____% RATE | DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE _____ | _____% RATE | DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** |
| SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | DATE DUE _____ | _____% RATE | DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** |

Schedule B Summary

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(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** \$ _____
(May be a negative number)

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

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

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

Schedule B - Part 2 Loan Guarantors

Amounts may be rounded
to whole dollars.

Statement covers period
from 05/20/2018
through 07/31/2018

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CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: **Raul Navarro**
I.D. NUMBER: **1404781**

| 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 | | BALANCE OUTSTANDING TO DATE |
|--|--|--|----------------------------------|-------------------------------|--|------------------------|-----------------------------|
| | | | | | TO DATE | TO 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) | CALENDAR YEAR _____ | |
| | <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) | CALENDAR YEAR _____ | |
| | <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) | CALENDAR YEAR _____ | |
| SUBTOTAL \$ | | | | 0.00 | | | |

Enter on Summary Page, Line 17 only.

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Raul Navarro

Statement covers period
from 05/20/2018
through 07/31/2018

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I.D. NUMBER
1404781

| 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 \$ | | | | | 0.00 | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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 \$** 0.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>05/20/2018</u> through <u>07/31/2018</u> | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>13</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Raul Navarro

I.D. NUMBER
1404781

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input 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 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | 0.00 | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0.00
- 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.. \$** 0.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------------|
| Statement covers period from <u>05/20/2018</u> through <u>07/31/2018</u> | CALIFORNIA FORM 460 |
| Page <u>9</u> of <u>13</u> | I.D. NUMBER 1404781 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Raul Navarro

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) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|----------------|
| Robocent, Inc. 2129 General Booth Blvd., Suite 103-277 Virginia Beach, VA 23454 | PHO | | Phone Banks- RoboCalls | 1000.00 |
| | WEB | | Web advertising | 265.00 |
| SUBTOTAL \$ | | | | 1265.00 |

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1265.00
- Unitemized payments made this period of under \$100. \$ 156.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1421.00

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 05/20/2018
through 07/31/2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Raul Navarro

I.D. NUMBER
1404781

| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT 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 |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE _____ | RATE _____ % | DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |

*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.

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

Schedule H Summary

- Loans made this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- 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 7.)
(May be a negative number)

****If Required**

**Officeholder and Candidate
Campaign Statement -
Short Form**

| | | | |
|--|---|---|--|
| Date of election if applicable: (Month, Day, Year) <u>June 5, 2018</u> | <input type="checkbox"/> Amendment (Explain Below) _____ | Date Stamp RECEIVED MAR 08 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS | CALIFORNIA FORM 470 For Official Use Only |
|--|---|---|--|

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Raul Navarro
STREET ADDRESS
212 N. Imperial Ave
CITY
Calipatria STATE
CA ZIP CODE
92233
AREA CODE/DAYTIME PHONE NUMBER
760-960-3645 OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
IID Board of Directors
JURISDICTION (LOCATION)
Imperial County DISTRICT NUMBER
3 (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3/8/18 DATE

By Raul Navarro SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

| | |
|--|--|
| Date Stamped RECEIVED MAR 08 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS | CALIFORNIA FORM 501 <small>For Official Use Only</small> |
|--|--|

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) NAVARRO, Raul DAYTIME TELEPHONE NUMBER (760) 960-3645 FAX NUMBER () () E-MAIL (optional) navarrosos@hotmail.com

STREET ADDRESS 212 N. Imperial Ave. CITY Calipatria STATE CA ZIP CODE 92233

OFFICE SOUGHT (POSITION TITLE) TTD Board of Directors AGENCY NAME _____ DISTRICT NUMBER, if applicable. 3 PARTY: NON-PARTISAN

OFFICE JURISDICTION _____

State (Complete Part 2.)

City County Multi-County: _____ (Name of Multi-County Jurisdiction)

Imperial Irrigational District (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

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

_____ (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 3/8/18

Signature _____

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment

Date qualified as committee of _____
or
 Not yet qualified Date qualified as committee _____
Date of termination _____

Termination - See Part 5

140478 / APR 16 2018

RECEIVED
MAR 19 2018
Date Stamp

RECEIVED AND FILED
APR 09 2018
FPPC Official Use Only
in the office of the Secretary of State of the State of California

Rejected: _____
Returned: _____
APR 21 2018

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE: Raul Navarro for Imperial Irrigation District Board of Directors District 3, 2018

STREET ADDRESS (NO P.O. BOX): 212 N. Imperial Ave.
CITY: Calipatria STATE: CA ZIP CODE: 92233 AREA CODE/PHONE: 760/960-3645

MAILING ADDRESS (IF DIFFERENT): P.O. Box 1463 Calipatria, CA 92233
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): mnavarrosos@hotmail.com

COUNTY OF DOMICILE: Imperial JURISDICTION WHERE COMMITTEE IS ACTIVE: Calipatria, Niland, Brawley (Division 3)

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Raul Navarro
STREET ADDRESS (NO P.O. BOX): 212 N. Imperial Ave.
CITY: Calipatria STATE: CA ZIP CODE: 92233 AREA CODE/PHONE: 760/960-3645

NAME OF ASSISTANT TREASURER, IF ANY: _____
STREET ADDRESS (NO P.O. BOX): _____
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

NAME OF PRINCIPAL OFFICER(S): _____
STREET ADDRESS (NO P.O. BOX): _____
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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 03/15/2018 BY _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/15/2018 BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA 410
FORM**

Page 2

I.D. NUMBER

COMMITTEE NAME

Raul Navarro for Imperial Irrigation District Board of Directors District 3, 2018

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

| | | |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| Bank Of America | 760/339-1422 | 3251 0751 8057 |
| ADDRESS | CITY | STATE |
| 1414 W. Main Street | El Centro | 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 | | PARTY |
|--|---|------------------|-------------------------------------|--------------------------|------------------------------|
| | | | Nonpartisan | Partisan | (list political party below) |
| Raul Navarro | Imperial Irrigation Dist. Board of Dir. Dist. 3 | 2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |