

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from 1/01/2018 through 6/30/2018

Date of election if applicable: (Month, Day, Year)
6/05/2018

Date Stamp
RECEIVED
JUL 31 2018
IMPERIAL COUNTY
REGISTRATION DIVISION

CALIFORNIA 460 FORM
Page 1 of 10
For Official Use Only

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) _____ I.D. NUMBER 1404454

Committee to Elect Zaragoza for Imperial Irrigation District Director Division #5 2018

STREET ADDRESS (NO P.O. BOX) 1809 Orchard Rd
 CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE (760) 890-8120
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. Box 3759
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS info@zaragozaforid.com

- 2. Type of Statement:**
- Pre-election Statement
 Semi-annual Statement
 Termination Statement (Also file a Form 410 Termination)
 Amendment (Explain below)
- Quarterly Statement
 Special Odd-Year Report

Treasurer(s)

NAME OF TREASURER Carlos Zaragoza
 MAILING ADDRESS 1809 Orchard Rd.
 CITY Holtville STATE CA ZIP CODE 92250 AREA CODE/PHONE (760) 890-8120
 NAME OF ASSISTANT TREASURER, IF ANY _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/2018 Date
 Executed on 7/31/2018 Date
 Executed on _____ Date
 Executed on _____ Date

By Carlson Zaragoza Signature of Treasurer/Assistant Treasurer
 By Carlson Zaragoza Signature of Controlling Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Offholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Offholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carlos Zaragoza

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1809 Orchard Rd Holtville CA 92250

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carlos Zaragoza

Statement covers period from 1/01/2018 through 6/30/2018	CALIFORNIA FORM 460
Page 3 of 10	I.D. NUMBER 1404454

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 3,194	3,194
2. Loans Received.....	Schedule B, Line 3 1,350	1,350
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 4,544	\$ 4,544
4. Nonmonetary Contributions.....	Schedule C, Line 3 5,145.36	5,145.36
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 9,689.36	\$ 9,689.36

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 3,775.66	\$ 3,775.66
7. Loans Made.....	Schedule H, Line 3
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 3,775.66	\$ 3,775.66
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 \$ 3,775.66	\$ 3,775.66

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	Column A, Line 3 above 4,544	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 216	
15. Cash Payments.....	Column A, Line 8 above 3,775.66	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 984.34	

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 1,350

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
/ /	/ /	\$ _____
/ /	/ /	\$ _____

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carlos Zaragoza

I.D. NUMBER
1404454

Statement covers period
from 1/01/2018
through 6/30/2018

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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>
4/05/2018	Southwest Security 404 W. Hell Ave El Centro CA 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200	\$200	
4/09/2018	Joann Weissman 600 Wisteria Ct Imperial, CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
4/11/2018	Mercedes Z Wheeler 315 Allen St Brawley, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Horton, Knox, Carter & Footo LLP	\$2,000	\$2,000	
5/01/2018	Luis Zendejas 6512 Riley Rd Calipatria CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
5/23/2018	Robert A. Fleming 688 Marilyn Ave. Brawley, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
SUBTOTAL \$				2,598		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,194
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,194
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 3,194**

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (other than PTY or SCC)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/01/2018
through 6/30/2018

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I.D. NUMBER
1404454

NAME OF FILER
Carlos Zaragoza

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/23/2018	Roy A. Motter 398 S Rio Vista Ave. Brawley, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
5/23/2018	Motco Inc. 4605 US Hwy 111 Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
5/23/2018	Spruce Farms LLC 4605 US Hwy 111 Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
5/23/2018	Lawrence Fleming 572 S Russell Rd Brawley CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$99	\$99	
6/19/2018	Alicia Garcia 330 W Alamo St Calipatria, CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
SUBTOTAL \$				596		

*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.

SCHEDULE B - PART 1

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/01/2018
through 6/30/2018

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NAME OF FILER
Carlos Zaragoza

I.D. NUMBER
1404454

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	CALENDAR YEAR CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
Carlos Zaragoza 1809 Orchard Rd Holtville CA 92250	Carlos Zaragoza, Property Tax Consultant	0	600			600	%	4/05/18	600 PER ELECTION**
Carlos Zaragoza 1809 Orchard Rd Holtville CA 92250	Carlos Zaragoza, Property Tax Consultant	600	400			1,000	%	4/11/18	1,000 PER ELECTION**
Carlos Zaragoza 1809 Orchard Rd Holtville CA 92250	Carlos Zaragoza, Property Tax Consultant	1,000	350			1,350	%	5/11/18	1,350 PER ELECTION**
SUBTOTALS		\$ 1,350	\$ 1,350	\$ 0	\$ 0	\$ 1,350	\$ 0	\$ 0	

Schedule B Summary

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

- Loans received this period \$ 1,350
(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 \$** 1,350
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

TContributor Codes

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C
**CALIFORNIA
FORUM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carlos Zaragoza

Statement covers period
from 1/01/2018
through 6/30/2018

Page 7 of 10
I.D. NUMBER
1404454

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)
5/07/2018	Mercedes Z Wheeler 315 Allen St Brawley CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Horton, Knox, Carter & Footle, LLP	campaign literature printing & mailing	\$5,145.36	\$5,145.36	
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 5,145.36
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 5,145.36

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Carlos Zaragoza

Statement covers period
from 1/01/2018
through 6/30/2018

Page 8 of 10
I.D. NUMBER
1404454

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	TSF	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
Hechos y Opinion El Lechugon 2472 H. Najera Ave Calexico CA 92231	CMP			\$1,255
CD Advertising 568 Vine St El Centro CA 92243	CMP			\$1,300
Sports International 218 Heffernan Ave Calexico, CA 92231	CMP			\$350
SUBTOTAL \$				2,905

* 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.) \$ 3,775.66
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 3,775.66**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)
CALIFORNIA 460
FORM

Statement covers period
from 1/01/2018
through 6/30/2018

Page 9 of 10

I.D. NUMBER
1404454

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Carlos Zaragoza

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 |
| FL | 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 | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | 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
KXO Radio 420 Main St El Centro, CA 92243	RAD			\$810
Facebook Advertising 1 Hacker Way Menlo Park, CA 94025	WEB			\$60.66
SUBTOTAL \$				870.66

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

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM
460

SCHEDULE I

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 1/01/2018
through 6/30/2018

Page 10 of 10

Carlos Zaragoza

I.D. NUMBER
1404454

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/31/2018	KXO Radio 420 Main St El Centro CA 92243	Overcharge refund	\$216
SUBTOTAL \$			\$216

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$216
- 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).) \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** \$216

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Carlos Zaragoza

DAYTIME TELEPHONE NUMBER

760 890-8120

FAX NUMBER (optional)

E-MAIL (optional)

carloszaragoza@live.com

STREET ADDRESS

1809 Orchard Road

CITY

Holtville

STATE

CA

ZIP CODE

92250

OFFICE SOUGHT (POSITION TITLE)

ITD Director Division 5

AGENCY NAME

DISTRICT NUMBER, if applicable

5

NON-PARTISAN PARTY.

OFFICE JURISDICTION

State (Complete Part 2)

City County Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

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

 Primary/general 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 March 5, 2018

(month, day, year)

Signature

Carlos Zaragoza
(Candidate)

Date Stamp RECEIVED MAR 05 2018 IMPERIAL COUNTY REGISTRAR/CLERKS	CALIFORNIA FORM 501 For Official Use Only
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Statement of Organization Recipient Committee

Statement Type Initial Not yet qualified

R13

Amendment

Termination - See Part 5

1404454

Date qualified as committee / / or Date qualified as committee / / Date of termination / /

Date Stamp RECEIVED AND FILED In the office of the Secretary of State of the State of California MAR 30 2018	CALIFORNIA FORM 410

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

NAME OF COMMITTEE

Committee to Elect Carlos Zaragoza for Imperial Irrigation District
 Director Division #5
 2018

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Carlos Zaragoza

1809 Orchard Road
 Holtville

CITY STATE ZIP CODE AREA CODE/PHONE
 Holtville CA 92250 (760) 890-8120

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

Holtville CA 92250 (760) 890-8120
 MAILING ADDRESS (IF DIFFERENT)
 P.O. Box 3759, El Centro, CA 92244-3759
 E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 carloszaragoza@live.com

NAME OF PRINCIPAL OFFICER(S)
 Carlos Zaragoza (Candidate)
 STREET ADDRESS (NO P.O. BOX)
 1809 Orchard Road
 CITY STATE ZIP CODE AREA CODE/PHONE
 Holtville CA 92250 (760) 890-8120

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 March 12, 2018 By *Car Carlos Zaragoza* SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on March 12, 2018 By *Car Carlos Zaragoza* SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on By SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Carlos Zaragoza for Imperial Irrigation District Director Division #5

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

4. Type of Committee Complete the applicable sections.

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)
Carlos Zaragoza	Imperial Irrigation District Director Division #5	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

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

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Carlos Zaragoza for Imperial Irrigation District Director Division #5

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

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

Clear Page

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