C	ecipient Committee ampaign Statement over Page			Date Stamp	CALIFORNIA 460
SEI	E INSTRUCTIONS ON REVERSE	Statement covers period 7/01/2018 through 12/31/2018	Date of election if applicable: (Month, Day, Year)	JAN 3 1 2019 IMPERIAL COUN' REGISTRAR OF VO	For Official Use Only
1.	Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
5	State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t Speci	erly Statement al Odd-Year Report
3.	Committee intermation	NUMBER 1404454	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Elect Zaragoza for		NAME OF TREASURER  Carlos Zaragoza		
	Imperial Irrigation District Director Division #5 20	018	MAILING ADDRESS 1809 Orchard Rd.		
	STREET ADDRESS (NO P.O. BOX) 1809 Orchard Rd		спү Holtville	STATE ZIP CO CA 9225	
	CITY STATE ZIP CO Holtville CA 9225		NAME OF ASSISTANT TREASURE	R, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. BOX 3759		MAILING ADDRESS		
	CITY STATE ZIP CO El Centro CA 9224		CITY	STATE ZIP CO	DE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS info@zaragozaforiid.com		OPTIONAL: FAX / E-MAIL ADDRES	68	
ļ.,	Verification				
	I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my kr California that the foregoing is true and	nowledge the information contained orrect.	herein and in the attached sch	edules is true and complete. 1
	Executed on	Ву	Signature of Treaturer or Assistant	Treasurer	
	Executed on	BySignature of Control	ling Officeholder, Candidate, State Measure Fro	oporen or Responsible Officer of Sponso	ľ
	Executed onDate	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	Designation
	Executed onDate	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	State services

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov

**COVER PAGE** 

## Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART	2
CALIF	ORNI	4	60	
	2		1.1	
Page	4	of	14	

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure Comr	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Carlos Zaragoza	•					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	,	SUPPORT
Imperial Irrigation District Director, Division 5						OPPOSE
,	STATE ZIP		identify the controlling officer	nolder, candidate, o	or state measure pro	oponent, if any.
Total Trottens	3 0/1 0 22 20 0		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONE	NT	
Related Committees Not Included in this Sta	stement: I let anv committees					,
not included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURED	CONTROLLED COMMITTEE?	7.	<b>Primarily Formed Candi</b>	idate/Officehold	ler Committee	List names of
NAME OF TREASURER			officeholder(s) or candidate(s) t	for which this commi	ittee is primarily forn	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFIC	CE SOUGHT OR HELD	
	,					SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT
						OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFIC	CE SOUGHT OR HELD	
						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFIC	CE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO					OPPOSE
STREET ADDRESS (NO F.O. B	ON)			l.		
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	h continuation she	ets if necessary	

#### **Campaign Disclosure Statement Summary Page**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 7/01/2018 **FORM** from 12/31/2018 through I.D. NUMBER

NAME OF FILER Carlos Zaragoza 1404454 Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES) Column B Calendar Year Summary for Candidates **Contributions Received** CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE **General Elections** 10.965.00 7,771.00 1. Monetary Contributions...... Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 3.550.00 2,200.00 2. Loans Received...... Schedule B. Line 3 20. Contributions 9,971.00 14,515.00 Received 8,183.69 13,329.05 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 18,154.69 27.844.05 Made 5. TOTAL CONTRIBUTIONS RECEIVED ......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 13,271.22 9,495.56 6. Payments Made...... Schedule E, Line 4 \$ **Candidates** 0.00 0.00 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 9,495.56 13,271.22 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) .......Schedule F, Line 3 Date of Election Total to Date 13.329.05 8.183.69 (mm/dd/vv) 10. Nonmonetary Adjustment...... Schedule C, Line 3 26,600.27 17,679.25 **Current Cash Statement** 984.34 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 9,971.00 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash ....... Schedule I, Line 4 amounts from Column B reported in Column B. 9,495.56 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 1,459.78 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ \_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_\_ 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

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### Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	from	/2018	CALI	FORNIA 460 DRM		
through 12/31/2018 Page 4 of 14									
NAME OF FILER						I.D. NU			
Carlos Zara	agoza					14044	154		
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 CALENDAR YE (JAN, 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)		
7/12/2018	SAMMY COUCHMAN 653 S IMPERIAL AVE BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC		\$99.00	\$99.0	00			
7/12/2018	JOANNE WEISSMAN 600 WISTERIA CT IMPERIAL CA 92251	☑IND □COM □OTH □PTY □SCC	RETIRED	\$200.00	\$400.0	00			
7/12/2018	WILLIAM THORNBURG 754 OLIVE AVE HOLTVILLE CA 92250	☑IND □COM □OTH □PTY □SCC		\$50.00	\$50.0	00			
7/27/2018	FRITZ RUEGGER 5751 BRANDT RD BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC		\$75.00	\$75.0	00			
7/27/2018	M O RUEGGER 938 W RUTHERFORD RD BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC		\$75.00	\$75.0	00			
Anne e e e e e e e e e e e e e e e e e e			SUBTOTAL \$	\$499.00					
Schedule A	A Summary	The second secon			*Cont	ributor C	Codes		
1. Amount red (Include all	ceived this period – itemized monetary contributions.  Schedule A subtotals.)		\$	7,771.00	СОМ	(other	ient Committee than PTY or SCC)		
	ceived this period – unitemized monetary contribution stary contributions received this period.	ns of less thar	n \$100\$		PTY-	- Politica	(e.g., business entity) al Party Contributor Committee		
(Add Lines	1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	7,771.00		FPI	PC Form 460 (Jan/2016)		

Schedule	A (Continuatio	n Sheet)
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Wonetary	Contributions Received	to whole t	autiais.	from	•		FORNIA 460  5 of 14
NAME OF FILER						I.D. NU	MBER
Carlos Zara	goza					14044	54
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/28/18	WILLIAM QUAN DDS 480 WEST OLIVE STE 5 EL CENTRO CA 92243	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	BUSINESS	\$500.00	\$500.00		
9/12/18	ABEL SILVA 1654 ZENOS RD HOLTVILLE CA 92250	☑ IND □ COM □ OTH □ PTY □ SCC	RETIRED	\$500.00	\$500.00		
9/14/18	ALICIA GARCIA 330 W ALAMO ST CALIPATRIA CA 9223	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	\$100.00	\$300.00		
10/03/18	MARY ZARAGOZA 21646 SUPERIOR LN LAKE FOREST CA 92630	□ IND □ COM ☑ OTH □ PTY □ SCC	OFFICE MANAGER	\$300.00	\$300.00		
10/08/18	P.W. DAUGHERTY III 444 W B ST BRAWLEY CA 92227	☑ IND □ COM □ OTH □ PTY □ SCC		\$75.00	\$75.	00	-
			SUBTOTAL S	1,475.00			

\*Contributor Codes

IND - Individual

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		from7/01/2018		FORM 460				
				through12/3	1/2018	Page _	6 of 14			
NAME OF FILER	AME OF FILER . I.D. NUMBER									
Carlos Zara	goza					14044	54			
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)			
10/08/18	MADJAC FARMS, INC. 151 MAIN ST EL CENTRO CA 92243	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	BUSINESS	\$1,000.00	\$1,000.00					
10/08/18	WESTMORELAND FARMING 2205 WESTMORELAND RD IMPERIAL CA 92251	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	BUSINESS	\$1,000.00	\$1,000.00					
10/10/18	KEVIN GRIZZLE FARMS LLC 1395 BONDS CORNER RD HOLTVILLE CA 92250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	BUSINESS	\$1,000.00	\$1,000.00					
10/10/18	MICHAEL W MORGAN RANCHES 3949 AUSTIN RD BRAWLEY CA 92227	□ IND □ COM □ OTH □ PTY □ SCC	BUSINESS	\$1,000.00	\$1,000.00					
10/10/18	WILLIAM L. BRANDT RANCH 299 W. MAIN ST BRAWLEY CA 92227	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$99.99	\$99.9	99				
			SUBTOTAL S	4,099.00		inin.				

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule	A (Continuatio	n Sheet)
Monetary	Contributions	Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole dollars.		Statement covers period from 7/01/2018		california 460	
				through12/3	1/2018	_	7 of 14
NAME OF FILER						I.D. NU	
Carlos Zara	goza					14044	54
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/10/18	ROY MOTTER 398 S RIO VISTA AVE BRAWLEY CA 92227	☑ IND □ COM □ OTH □ PTY □ SCC		\$99.00	\$99.00		
10/10/18	SPRUCE FARMS 4605 US HIGHWAY 111 BRAWLEY, CA 92227	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		\$99.00	\$99.00		
11/21/18	VESSEY FARMS 1605 E ZENOS RD HOLTVILLE, CA 92250	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	BUSINESS	\$500.00	\$500.00		
11/12/18	STEVE SCARONI 101 E MAIN ST HEBER, CA 92249	☑IND □COM □OTH □PTY □SCC	BUSINESS OWNER	\$1000.00	\$1000,	00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL \$	1,698.00			

\*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.  Statement covers period from 7/01/2018  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Carlos Zaragoza  FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID, NUMBER)  OF LENDER (IF COMMITTEE, ALSO ENTER ID, NUMBER)  CARLOS ZARAGOZA  ROPERTY TAX  CONSULTANT  PROPERTY TAX  CONSULTANT  PROPERTY TAX  CONSULTANT  PROPERTY TAX  CONSULTANT  PAID  SEE INSTRUCTIONS ON REVERSE  SEE INSTRUCTIONS ON REVERSE  LD. NUMBER  1404454  LD. NUMBER  1404454  COUNTINDING BALANCE BEGINNING THIS PERIOD  OF CREDIVEN AMOUNT PAID ON FORGIVEN THIS PERIOD  THIS PERIOD  PERIOD  PERIOD  PERIOD  PERIOD  PERIOD  PERIOD  PROPERTY TAX  CONSULTANT  CALENDAR YEAR  \$ 2.200.00  PER ELECTION**  \$ 2.200.00  PER ELECTION**  S. 2.200.00  PER ELECTION**  S. 2.200.00  PER ELECTION**  PER ELECTION**  CALENDAR YEAR  S. 2.200.00  PER ELECTION**  PER ELECTION**  PER ELECTION**  PER ELECTION**  S. 2.200.00  PER ELECTION**
SEE INSTRUCTIONS ON REVERSE   SEE INSTRUCTIONS ON REVERSE   STATE   SEE INSTRUCTIONS ON REVERSE   SEE INSTRUCTIONS ON REVERS
NAME OF FILER  Carlos Zaragoza    FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF SELFEMPLOYEE, EFFEND)   FAMILY OF LOAN
NAME OF FILER  Carlos Zaragoza    FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF SELFEMPLOYEE, EFFEND)   FAMILY OF LOAN
Carlos Zaragoza    Table   Carlos Zaragoza   Carlos Zaragoza   Calendar year
FULL NAME, STREET ADDRESS AND ZIP CODE OF LOAN OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  FULL NAME, STREET ADDRESS AND ZIP CODE OF LOAN OF PUSINESS (IF SELF-EMPLOYER, ENTER NAME OF BUSINESS)  FULL NAME, STREET ADDRESS AND ZIP CODE OF LOAN
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  CARLOS ZARAGOZA 1809 ORCHARD RD HOLTVILLE, CA 92250  PROPERTY TAX CONSULTANT  OCTISTANDING BALANCE BEGINNING THIS PERIOD  AMOUNT PAID OR FORGIVEN THIS PERIOD  AMOUNT PAID OR FORGIVEN THIS PERIOD  S. 2,350.00  S. 2,200.00  S. 2,200.00  DATE DUE  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  FORGIVEN  S. 2,200.00  S. 2,200.00  DATE DUE  OUTSTANDING BALANCE AT CLOSE OF THIS PAID THIS PERIOD  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  FORGIVEN  S. 2,200.00  S. 2,200.00  DATE DUE  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  ON FORGIVEN  S. 2,200.00  S. 2,200.00  DATE DUE  OUTSTANDING AMOUNT PAID ON FORGIVEN  TO DATE  CALENDAR YEAR  S. 2,200.00  CALENDAR YEAR  S. 2,200.00  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  ON FORGIVEN  TO DATE  OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD  ON FORGIVEN  THIS PERIOD  OUTSTANDING BALANCE AT CLOSE OF THIS PAID THIS PERIOD  OUTSTANDING BALANCE AT CLOSE OF THIS PAID THIS PERIOD  OUTSTANDING BALANCE AT CLOSE OF THIS PAID  OUTSTANDING BALANCE AT CLOSE OF THIS PAID  OUTSTANDING BALANCE AT CLOSE OF THIS PAID  OUTSTANDING CON FINIS PERIOD  OUTSTANDING BALANCE AT CLOSE OF THIS PAID  OUTSTANDING CON FINIS PAID  OUTSTANDING BALANCE AT CLOSE OF THIS PAID  OUTSTANDING CON FINIS PAID  OUTSTANDING THE CON FINIS PAID  OUTSTANDING CON FINIS PAID  OU
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  (IF SELF-EMPLOYE
CARLOS ZARAGOZA 1809 ORCHARD RD HOLTVILLE, CA 92250  \$ 1,350.00 \$ 2,200.00 \$ 2,3550.00 \$ 2,200.00 \$
1809 ORCHARD RD HOLTVILLE, CA 92250  \$ 1,350.00
#OLTVILLE, CA 92250  \$ 1,350.00 \$ 2,200.00 \$
DATE INCURRED
\$ \$ \$ \$ \$ \$
\$\$ \$ \$ \$ \$
RATE DED ELECTION #
PER ELECTION**
\$\$\$\$\$\$
□ PAID CALENDAR YEAR
ssssss
☐ FORGIVEN RATE PER ELECTION**
s s s s s s s
TO IND COM OTH PTY SCC DATE INCURRED
SUBTOTALS \$ \$ \$
Schedule B Summary (Enter (e) on Schedule E, Line 3)
1. Loans received this period\$\$
(Total Column (b) plus unitemized loans of less than \$100.)
2. Leans paid or forgiven this period. S. 1.200.00 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.)  OTH – Other (e.g., business entity)
3. Net change this period. (Subtract Line 2 from Line 1.)

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

Enter the net here and on the Summary Page, Column A, Line 2.

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(May be a negative number)

Schedule C		
Nonmonetary	Contributions	Received

Amounts may be rounded to whole dollars.

| Statement covers period | FORM | FO

Carlos Zaragoza

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Carlos Za	aragoza					140445	4		
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)		
6/22/18	MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC	ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	campaign paraphernalia, pop-up fans	\$159.74	\$5,305.10			
8/01/18	MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC	ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	campaign paraphernalia, emery boards	\$365.00	\$5,670.10			
9/28/18	MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC	ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	postage	\$71.75	\$5,741.85			
10/02/18	MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC	ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	postage	\$525.00	\$6,266.85			
Attach add	Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 1,121.49								

#### Schedule C Summary

Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)\$	8,183.69
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	
3. 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 \$_	13,329.05

\*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 C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** 7/01/2018 **FORM** 12/31/2018 Page 10 of 14 through I.D. NUMBER 1404454

Carlos Zaradoza

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

BRAWLEY CA 92227    OTH   HORTON, KNOX, CARTER & FOOTE, LLP    MERCEDES 7 WHEELER   ATTORNEY   Dewspaper ad	AARKET DATE TO DATE				
10/23/18 MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227 GOTH SCC LLP  10/23/18 MERCEDES Z WHEELER  10/23/18 MERCEDES Z WHEELER					
10/23/18 MERCEDES Z WHEELER COM ATTORNEY, newspaper ad 1.68	900.00 \$7,166.85				
BRAWLEY CA 92227	\$8,846.85				
MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227  MERCEDES Z WHEELER COM OTH OTH OTH OTH OTH LPTY LSCC  ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	\$8,986.85				
MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227  MERCEDES Z WHEELER COM OTH OTH OTH OTH OTH CARTER & FOOTE, LLP  Campaign mailer 3,53	532.20 \$12,519.05				
Attach additional information on appropriately labeled continuation sheets.  SUBTOTAL \$ 6,25					

#### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	8,183.69
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	
3. 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	40,000,05

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ .

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedu	le C		Amounts may be rounded						SCHEDULE (
Nonmo	netary Contributions Received		to whole dollars.		S	tatement covers p		CALIF	ORNIA 460
,					from	7/01/201	18	FO	RIVI
	TIONS ON REVERSE				thro	ugh12/31/2	018	Page	11 of 14
NAME OF FILE	R							I.D. NUME	BER
Carlos Za	aragoza							140445	4
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
11/07/18	MERCEDES Z WHEELER 315 ALLEN ST BRAWLEY CA 92227	☑IND □COM □OTH □PTY □SCC	ATTORNEY, HORTON, KNOX, CARTER & FOOTE, LLP	newspaper ad	d	\$810.00	\$13,	329.05	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							·
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTO	STAL \$	810.00			
Schedule	e C Summary						(*Cor	tributor Co	des
	received this period – itemized nonmonetary all Schedule C subtotals.)				\$	8,183.69	IND	- Individual	
•	received this period – unitemized nonmonet					0.00	ОТН		an PTY or SCC) .g., business entity)
3. Total nor	nmonetary contributions received this period	l.					PTY	- Political F	
(Add Lin	es 1 and 2. Enter here and on the Summary	/ Page, Colur	nn A, Lines 4 and 10.)	TOTA	L \$_	13,329.05			

							SCHEDULE B
Schedule E Payments Made	Amounts may b to whole do			Statement co		CALIFO	
				from	1/2018	101	XIII
SEE INSTRUCTIONS ON REVERSE				through12	/31/2018	Page	
IAME OF FILER Carlos Zaragoza						1.D. NUME	
Carlos Zaragoza						140443	4
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)*  CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  EG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and st POS postage, deliv PRO professional st PRT print ads	munications I appearances ses lating urvey research very and mess	s n senger services	RAD radio airtime RFD returned co SAL campaign w TEL t.v. or cable TRC candidate tr TRS staff/spouse TSF transfer bet VOT voter registr	e and production contributions vorkers' salaries airtime and productions ravel, lodging, and travel, lodging, ar ween committees	ction costs meals ad meals of the same	e candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	RIPTION OF PAYMEN	т		AMOUNT PAID
ALL SPORTS INTERNATIONAL 317 HEFFERNAN AVE CALEXICO CA, 92231		CMP	campaign signage	e, t-shirts			\$3,908.76
FACEBOOK ADVERTISING I HACKER WAY MENLO PARK ,CA 94025		WEB	social media adve	rtising			\$268.01
STAPLES 560 E DANENBURG DR EL CENTRO, CA 92243		OFC	office supplies				\$110.57
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUB	TOTAL \$	4,287.34
Schedule E Summary					The second secon		
. Itemized payments made this period. (Include all Schedule	E subtotals.)	***************************************				\$	9,136.80
. Unitemized payments made this period of under \$100							331.76
Total interest paid this period on loans (Enter amount from	Schedule B. Par	t 1. Column	(e))			\$	0.00

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

9,495.56

SCHE	DIII	FF/C	ONT.)

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

# Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from7/01/2018	FORM 400
through 12/31/2018	Page 13 of 14
	I.D. NUMBER
	1404464

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Carlos Zaragoza 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 petition circulating PET 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 polling and survey research staff/spouse travel, lodging, and meals POL independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor POS TSF 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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ARCO candidate travel 6 CENTERPOINTE DR TRC \$448.50 LA PALMA, CA 90623

ARCO 6 CENTERPOINTE DR LA PALMA, CA 90623	TRS	campaign worker travel	\$99.58
COSTCO 2030 N IMPERIAL AVE EL CENTRO, CA 92243	MTG	election night gathering food, supplies	\$223.43
COUNTY OF IMPERIAL 940 MAIN ST #206 EL CENTRO CA 92243	FIL	filing fees	\$300.00
HECHOS Y OPINION EL LECHUGON 2472 H. NAJERA AVE CALEXICO, CA 92231	CMP	campaign signage	\$747.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,818.51

Schedule E
(Continuation Sheet)
Payments Made

COHEDI	11 = =	CONITY
SCHEDU		(CONT.)

(Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made		from7/01/2018	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 12/31/2018	Page of
NAME OF FILER			I.D. NUMBER
Carlos Zaragoza			1404454

CODES: If one of the following codes accurately describes	the pa	ayment, you may enter the code.	Otherwise,	describe the payment.
CMP campaign paraphernalia/misc.	MBR r	member communications	RAD	radio airtime and production costs
CNS campaign consultants	MTG r	meetings and appearances	RFD	returned contributions
CTB contribution (explain nonmonetary)*	OFC o	office expenses	SAL	campaign workers' salaries
CVC civic donations	PET p	petition circulating	TEL	t.v. or cable airtime and production costs
FiL candidate filing/ballot fees	PHO p	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising events	POL F	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS p	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO P	professional services (legal, accounting)	VOT	voter registration
LIT campaign literature and mailings	PRT p	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	radio advertising	\$1,360.00
IMPERIAL COUNTY FARM BUREAU 1000 BROADWAY EL CENTRO, CA 92243		charitable donation at public event	\$152.00
CARLOS ZARAGOZA 1809 ORCHARD RD HOLTVILLE, CA 92250		loan repayment	\$1,200.00
WALMART 2150 N WATERMAN AVE EL CENTRO, CA		campaign volunteer gifts	\$102.48
COSTCO 2030 N IMPERIAL AVE EL CENTRO, CA 92243		campaign volunteer gifts	\$243.47
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUBTOTAL	\$ 3,057.95

3,057.95