Recipient Committee			Date Stamp	CALIFORNIA 160
Campaign Statement Cover Page			RECEIVE	
	Statement covers period from 07/01/2022	Date of election if applicable: (Month, Day, Year)	DEC 28-2022	p 1 8
SEE INSTRUCTIONS ON REVERSE	through 09/24/2022	11/08/2022		
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Nasa Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Usso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b Expenses inclued in this	ermination)	Quarterly Statement Special Odd-Year Report e for the next reporing period.
3. Committee Information). NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Obeso-Martinez for Imperial City	Council 2022	Maria Enriquez-Caldera Mailing address		
STREET ADDRESS (NO P.O. BOX)		CITY El Centro	STATE	ZIP CODE AREA CODE/PHONE 92243
CITY STATE ZIP CO Imperial CA 9225		NAME OF ASSISTANT TREASUR		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	(MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 12/05/2022 Executed on 12/05/2022 Executed on 12/05/2022 Executed on Date Executed on Executed on Executed on	California that the foregoing is true and By By Signature of Cont By	Signature of Controlling Officeholder, Candidate,	Pressurer Acceptance of the Proponent of Responsible Officer of State Measure Proponent	
Date	-,	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	

COVER PAGE - PART 2							
CALIFORNIA 460							
Page 2 of 8							

5.	Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballo	t Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
	Ida Obeso-Martinez								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
	Imperial City Council								OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY	STATE ZIP						
	1	Imperial	CA 92251		Identify the controlling office	holder, candid	late, or state	measure pro	oponent, if any.
	-				NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
	Related Committees Not Included in this Sta	atement: Li	st anv committees						
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily			OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NUMBER	₹						
	NAME OF TREASURER	CONTROLL	ED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	holder Co	mmittee	List names of
	NAME OF TREASURER	☐ YES	□ NO		officeholder(s) or candidate(s)	for which this	committee is p	primarily forn	ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HEL	
	,								☐ SUPPORT☐ OPPOSE
	CITY STATE ZIP C	CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HEL	
									SUPPORT
	COMMITTEE NAME	I.D. NUMBER	₹						OPPOSE
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HEL	D SUPPORT
									☐ OPPOSE
	NAME OF TREASURER	1	ED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HEL	D SUPPORT
		☐ YES	□ NO						OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)					L		
	0.57	2005	4054 600E/01/5:-						
	CITY STATE ZIP C	CODE	AREA CODE/PHONE		Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Obeso-Martinez for Imperial City Council 2022

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$\frac{2344.00}{900.00}\$ \$\frac{3244.00}{192.00}\$ \$\frac{3436.00}{192.00}\$	\$\frac{2344.00}{900.00}\$ \$\frac{3244.00}{192.00}\$ \$\frac{3436.00}{192.00}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 1913.82 \$ 1913.82 \$ 1913.82	\$ 1913.82 \$ 1913.82 \$ 1913.82	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Votuntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{0.00}{3244.00} \\ \tau_{0.00} \\ \tau_{1913.82} \\ \tau_{1330.18} \\ \$\$\tag{0.00} \\ \tau_{900.00} \\ \$\$	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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule Monetary	A Contributions Received		its may be rounded whole dollars.				CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/24/20</u>	22	Page	4 of _8		
NAME OF FILER Committee to	o Elect Obeso-Martinez for Imperial City Council 2022					I.D. N	UMBER		
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 I CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
08/17/2022	Maria Obeso	IND COM OTH SCC	Retired	500.00	500.00				
08/22/2022	Jane Wilson	IND COM OTH PTY	Retired	100.00	100.00				
08/25/2022	Priscilla Obeso	IND COM OTH SCC	Homemaker	170.00	170.00				
08/25/2022	Albert Sanchez	☑ IND □ COM □ OTH □ PTY □ SCC	Pastor GO Secure Service	100.00	100.00				
08/27/2022	Caitlin Ysselstein	☑IND □COM □OTH □PTY □SCC	Farmer Camera Ranch	500.00	500.00				
			SUBTOTAL	\$ 1370.00					
Amount re (Include all	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.) ceived this period – unitemized monetary contribut		-	70.00 4.00	OTE PT	other) H – Other Y – Politic	ual blent Committee r than PTY or SCC) (e.g., business entity)		

3. Total monetary contributions received this period.

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

		Statement cov from <u>07/01/2022</u>	CALIFORN 2022 FORM		orm 460			
				through <u>09/24/20</u>	22	Page of8		
NAME OF FILER Committee t	o Elect Obeso-Martinez for Imperial City Council 2022					I.D. NU	IMBER	
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)	RECEIVED THIS CALENDA		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		
09/03/2022	Yvonne Obeso	IND COM OTH PTY	Cashier Grocery Outlet	100.00 100.00				
09/11/2022	Fred Miramontes 111	☑IND □COM □OTH □PTY □SCC	Officer Homeland Security	200.00	200.00			
09/11/2022	Fred Miramontes	IND COM OTH SCC	Sherriff Imperial County	200.00	200.00			
09/16/2022	Bee Harvey	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 600.00				

*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

	Am	ounts may be ro	unded		SCHEDULE B - PART 1					
Schedule B – Part 1	740	to whole dollars		Г	Statement cov	ers period	CALIFORNIA 460			
Loans Received				1	rom <u>07/01/2022</u>		FORM 400			
SEE INSTRUCTIONS ON REVERSE				,	through <u>09/24/2</u> 0)22	Page 6	of <u>8</u>		
NAME OF FILER							I.D. NUMBER			
Committee to Elect Obeso-Martinez for Impe	rial City Council 2022									
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Ida Obeso-Martinez				PAID	000.00		000.00	CALENDAR YEAR		
				s <u>00.00</u>	\$ <u>900.00</u>	×	s_900.00	s 900.00		
				FORGIVEN		RATE		PER ELECTION**		
		0.00	900.00	s						
To IND □ COM □ OTH □ PTY □ SCC		,	•	•	DATE DUE	•	DATE INCURRED	,		
				PAID				CALENDAR YEAR		
				s	s	%	s	s		
				FORGIVEN		RATE		PER ELECTION**		
				s		s		s		
TO IND COM OTH PTY SCC		,	3		DATE DUE		DATE INCURRED			
				PAID				CALENDAR YEAR		
				\$	\$	×	s	s		
				FORGIVEN		RATE		PER ELECTION**		
•		s	s	s	DATE DUE	\$		s		
TO IND COM OTH PTY SCC					DATE DOE		DATE INCURRED			
	s	SUBTOTALS \$	900.00	00.00	\$ 900.00	\$				
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)			
_				_æ 900.	00					
 Loans received this period	s of less than \$100)	•••••••••••	•••••	Ф ——		_				
2. Loans paid or forgiven this period				\$			Contributor Codes			
(Total Column (c) plus loans under \$10							ND – Individual :OM – Recipient C	ommittee		
(Include loans paid by a third party tha	it are also itemized on Sche	dule A.)		900.	00	1	(other than I	PTY or SCC)		
3. Net change this period. (Subtract Lin		•••••	••••••	NET \$			TH – Other (e.g., l TY – Political Part			
Enter the net here and on the Summar	ry Page, Column A, Line 2.						CC - Small Contri			
				(Ma	y be a negative number)					

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

** If required.

scheau	ie C		to whole dollars.				SCHEDULE C			
Nonmoi	netary Contributions Received		to whole dollars.			Statement covers p n <u>07/01/2022</u>	eriod	CALIFORNIA 460		
	TIONS ON REVERSE					ough <u>09/24/2022</u>		Page 7	of _8	
Committee	to Elect Obeso-Martinez for Imperial City Cour	ncil 2022						ID NIIM	RER	
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	CUMULAT DAT CALENDA (JAN 1 - I	re Ryear	PER ELECTION TO DATE (IF REQUIRED)	
09/05/20 22	David Shaw	☑IND □COM □OTH □PTY □SCC	Vice Principal Ben Hulse Elementary School	T-Shirts		192.00	192.00			
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		OTH SCC								
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	\$ 192.00				
I. Amount (Include 2. Amount	received this period – itemized nonmonetar all Schedule C subtotals.)	tary contributi				192.00 D.00	- OTH	(other th – Other (e. – Political I	nt Committee an PTY or SCC) .g., business entity)	
o. Total no Add Lir	nmonetary contributions received this perion nes 1 and 2. Enter here and on the Summar	u. v Page, Colur	nn A. Lines 4 and 10.)	ТОТА	L\$	192.00				

Outrodule E	A					SCHEDULE
Schedule E Payments Made	Amounts may b to whole de			Statement covers period	CALIFORNIA 460	
i dymonio mado				from <u>07/01/2022</u>	۲۰	KW
SEE INSTRUCTIONS ON REVERSE				through <u>09/24/2022</u>	Page _	8 of 8
NAME OF FILER Committee to Elect Obeso-Martinez for Imperial City Council 202	99				I.D. NU	MBER
- The state of the				· · · · · · · · · · · · · · · · · · ·		
CODES: If one of the following codes accurately describes CMP campaign paraphematia/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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearances es ating urvey research very and mess	n senger services	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production race candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration WEB information technology costs	uction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESC	RIPTION OF PAYMENT		AMOUNT PAID
All Sports			Billboards & Sticke	rs		1442.69
Palm Cards			Flyers			207.96
NULL DEURO VIA VIALE						
JemScreen Printing			Hats			120.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SU	BTOTAL	\$ 1770.65
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule	E subtotals.)				\$ _ ¹	1770.65
2. Unitemized payments made this period of under \$100					\$ _1	143.17
3. Total interest paid this period on loans. (Enter amount from						
4. Total payments made this period. (Add Lines 1, 2, and 3. E	TAL \$ _	1913.82				

Recipient Committee COVER PAGE Date Stamp CALIFORNIA / Campaign Statement Cover Page **FORM** Page 1 of 8 Statement covers period Date of election if applicable: SEP 28 2022 (Month, Day, Year) from 07/01/2022 For Official Use Only 11/08/2022 through 09/24/2022 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Committee to Elect Obeso-Martinez for Imperial City Council 2022 Maria Enriquez-Caldera MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Imperial CA 92251

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STATE ZIP CODE AREA CODE/PHONE

El Centro CA 92243

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

tdaforimperial@gmail.com

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 09/27/20	022	By	Marion
		5,	100 -
Executed on <u>09/27/20</u>	Date	Ву	Signature of Chintrelling
Executed on <u>09/27/20</u>	022	P _v	Tala
Executed on	Date	Бу	Signa
Executed on	Date	Ву	Signa

By Have and a Color Signature of Assistant Treasurer

By Signature of Controlling Officer of Sponsor. Candidate, State Measure Procedure of Responsible Officer of Sponsor.

By Signature of Controlling Officeholder, Candidate, State Measure Propenent or Responsible Off

Signature of Controlling Officeholder, Candidate, State Measure Propenent

Signature of Controlling Officeholder, Candidate, State Measure Proponent



Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2 CALIFORNIA 460 Page 2 of 8

Officeholder or Candidate Controlled Com	mittee			6.	. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE					
Ida Obeso-Martinez										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	To	SUPPORT	
Imperial City Council						-			OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Ideal Market Mar					
	Imperial	CA	92251	Identify the controlling officeholder, candidate, or state measure pro				e propo	nent, if any.	
		-			NAME OF OFFICEHOLDER,	CANDIDATE, OR	PROPONENT			
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily	st any con formed to	mmittees receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	F ANY	
COMMITTEE NAME	I.D. NUMBER	3								
NAME OF TREASURER	CONTROLL	ED COMM	ITTEE?	7.	Primarily Formed Ca officeholder(s) or candidate	ndidate/Offic	eholder Committ	ee List y formed.	names of	
	YES	□ ис)		NAME OF OFFICEHOLDER O	DE CANDIDATE	OFFICE SOUGHT OF	UELD		
COMMITTEE ADDRESS STREET ADDRESS (NO P.C					NAME OF OFFICEROLDER C	OR CANDIDATE	OFFICE SOUGHT OF	KHELD	☐ SUPPOR	
CITY STATE ZIP	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPOR	
COMMITTEE NAME	I.D. NUMBER	₹							OPPOSE	
all are along a second					NAME OF OFFICEHOLDER C	OR CANDIDATE	OFFICE SOUGHT OF	RHELD	☐ SUPPOR	
NAME OF TREASURER	CONTROLL		10/10/2011		NAME OF OFFICEHOLDER C	R CANDIDATE	OFFICE SOUGHT OF	RHELD		
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)	□ NO	0						SUPPOR	
The state of the s	3. BON,									
CITY STATE ZIP	CODE	AREA CO	DE/PHONE				on sheets if necessar			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole donars.	DEI ZO	$\frac{\text{Statement covers period}}{\text{from}} \frac{07/01/2022}{\text{covers}}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through <u>09/24/2022</u>	Page 3 of 8
NAME OF FILER				I.D. NUMBER
Committee to Elect Obeso-Martinez for Imperial City Council 2022				1454439

Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COIUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	2344.00	\$	2344.00	Control of the contro
2. Loans Received Schedule B, Line 3		900.00		900.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3244.00	\$	3244.00	20. Contributions Received \$\$
4. Nonmonetary Contributions		192.00		192.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	3436.00	\$	3436.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	2016.33	\$	2016.33	Candidates
7. Loans Made Schedule H, Line 3					
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2016.33	\$	2016.33	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)					Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3					(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	2016.33	\$	2016.33	\$
Current Cash Statement	-				/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B,	
13. Cash Receipts		3244.00	ad	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		2016.33		your last report. Some nounts in Column A may	reported in Column 5.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1227.67	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file	s is the first report being ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	an	у).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	900.00			FPPC Form 460 (Jan/2016)
					FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

RECEIVED

Amounts may be rounded to whole dollars.

Schedule A

Monetary Contributions Received

SEP 2 8 2022

Statement covers period

SCHEDULE A

CALIFORNIA AGO

				from <u>07/01/2022</u>		FORM 400
SEE INSTRUCTI	IONS ON REVERSE			through 09/24/20)22	Page 4 of 8
NAME OF FILER Committee t	e to Elect Obeso-Martinez for Imperial City Council 2022	Talana.				I.D. NUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
08/17/2022	Maria Obeso	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.00	
08/22/2022	Jane Wilson	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
08/25/2022	Priscilla Obeso	☑ IND □ COM □ OTH □ PTY □ SCC	Homemaker	170.00	170.00	
08/25/2022	Albert Sanchez	☑IND □COM □OTH □PTY □SCC	Pastor GO Secure Service	100.00	100.00	
08/27/2022	Caitlin Ysselstein	☑IND □COM □OTH □PTY □SCC	Farmer Camera Ranch	500.00	500.00	
7210			SUBTOTAL S	1370.00		
1 Amount re	A Summary eceived this period – itemized monetary contribution Il Schedule A subtotals.)	ıs.	\$ ¹⁹	70.00	IND - I	butor Codes Individual Recipient Committee (other than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contribut				OTH -	Other (e.g., business entity) Political Party Small Contributor Committee
fotal mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	.)TOTAL \$ ²³	44.00		FPPC Form 460 (Jan/2016

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

www.fppc.ca.gov

#6075 8/2/2022 8:05 AM AULIGA CLIV OF IMPERIAL 920 3 IMPERIAL AVE, IMPERIAL, IN 92351 1760)388-1947

13 38/10/22/91 7 AM MEXT TURN-OFF DAY

NUMBERSON OF SEPTERING

Sotal Tendered:

\$306.00 \$305.00

Oresised to sur Chenge Back:

\$300°00.

Gradises to SL: MOT STHEWALDS CLASSIFIED

Total: Online Payments Now Praticalise.co.ouisiT OS AT GWAGITYNFYHENIR.CO.

1 4 A. Bar 2

10, 506 34.



Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEP 28 2022

Statement covers period

SCHEDULE A (CONT.)

CALIFORNIA ACO

				from 07/01/2022		FO	_{RM} 400
				through 09/24/20)22	Page _5	of8
Committee to	o Elect Obeso-Martinez for Imperial City Council 2022					I.D. NUN	
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/03/2022	Yvonne Obeso	☑IND □ COM □ OTH □ PTY □ SCC	Cashier Grocery Outlet	100.00	100.00		
09/11/2022	Fred Miramontes 111	☑ IND □ COM □ OTH □ PTY □ SCC	Officer Homeland Security	200.00	200.00		
09/11/2022	Fred Miramontes	☑ IND □ COM □ OTH □ PTY □ SCC	Sherriff Imperial County	200.00	200.00		
09/16/2022	Bee Harvey	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	600.00			

*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

** If required.

Amounts may be rounded SEP 2 8 2022

SCHEDULE B - PART 1

Loans Received					Statement cover from 07/01/2022	ers period	california 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through 09/24/20)22	Page 6	of 8	
NAME OF FILER							I.D. NUMBER		
Committee to Elect Obeso-Martinez for Impe	erial City Council 2022								
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIĞİNAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Ida Obeso-Martinez				PAID 8 00.00	ş <u>900.00</u>		ş_900.00	s 900.00	
		0.00	900.00	FORGIVEN		RATE.		PER ELECTION**	
TIND COM OTH PTY SCC		3	3	3	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
			11	FORGIVEN	- 10	RATE		PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$	\$	%	s	5	
				FORGIVEN		RATE		PER ELECTION**	
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	s	
	5	SUBTOTALS \$	\$	5	\$ \$	3		14444	
Schedule B Summary						(Enter (e) on Schei	dule E, Line 3)		
Loans received this period				\$ 900	.00				
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10	ns of less than \$100.)					11	Contributor Codes		
(Include loans paid by a third party that 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	at are also itemized on Sche e 2 from Line 1.)	edule A.)		.NET \$ 900	.00	C	OTH – Other (e.g., I	PTY or SCC) business entity)	
					ay be a negative number)	S	CC - Small Contri	butor Committee	
*Amounts forgiven or paid by another party also m	aust be reported on Schedule A.			(with	ay oe a negative number)				



Schedule C

Amounts may be rounded to whole dollars.

SEP Z 8 2022

SCHEDULE C **Nonmonetary Contributions Received** Statement covers period **CALIFORNIA** from 07/01/2022**FORM** through $\underline{09/24/2022}$ Page 7 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Obeso-Martinez for Imperial City Council 2022 IF AN INDIVIDUAL, ENTER CUMULATIVE TO FULL NAME, STREET ADDRESS AND DATE AMOUNT/ PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER **DESCRIPTION OF** ZIP CODE OF CONTRIBUTOR DATE RECEIVED FAIR MARKET CODE TO DATE (IF SELF-EMPLOYED, ENTER GOODS OR SERVICES CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE NAME OF BUSINESS) (IF REQUIRED) (JAN 1 - DEC 31) David Shaw **IND** 09/05/20 Vice Principal T-Shirts 192.00 192.00 СОМ 22 Ben Hulse Elementary Потн School □ PTY □scc. ☐ IND ☐ COM OTH PTY SCC ☐ IND ☐ COM ОТН PTY SCC DIND COM OTH ☐ PTY SCC Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 192.00** Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee 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 \$

Schedule E **Payments Made**

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Committee to Elect Obeso-Martinez for Imperial City Council 2022

Amounts may be rounded to whole dollars. RECEIVED

Statement covers period 07/01/2022

SCHEDULE E CALIFORNIA FORM

through 09/24/2022 I.D. NUMBER 1454439

independent expenditure supporting/opposing others (explain)* POS postage, deli	nmunications RAD radio airtime and production costs d appearances RFD returned contributions ses SAL campaign workers' salaries tuty, or cable airlime and production costs	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
All Sports	Billboards & Stickers	1589.03
Palm Cards	Flyers	207.96
JemScreen Printing	Hats	120.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	edule D. SUBTOTAL	\$ 1916.99
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	916.99
2. Unitemized payments made this period of under \$100		99.34
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par		
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Column A, Line 6.)	2016.33
	Fano	

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 09/25/2022 through 10/22/2022	Date of election if applicable: (Month, Day, Year) 11/08/2022	DEC 2 8 2022	For Official Use Only
State Candidate Election Committee Recall (Also Camplete Part 5) General Purpose Committee Sponsored Small Contributor Committee Offi	marily Formed Ballot Measure mmittee Controlled Sponsored Complete Part 6) marily Formed Candidate/ iceholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Beginning Cash Balance reporting period.	☐ Specirmination)	erly Statement al Odd-Year Report on made to previous
3. Committee information		Treasurer(s) NAME OF TREASURER Maria Enriquez-Caldera MAILING ADDRESS CITY El Centro NAME OF ASSISTANT TREASURE	STATE ZIP CO CA 9224 ER, IF ANY	
OPTIONAL: FAX/E-MAILADDRESS daforimperial@gmail.com	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE	STATE ZIP CO	DE AREA GODE/PHONE
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Cartify under penalty of perjury under the laws of the State of Cartify under penalty of perjury under the laws of the State of Cartify under penalty of perjury under the laws of the State of Cartify under penalty of pate Executed on Date Executed on Date Executed on Date	/ 1		Treasurer Treasurer Domini or Responsible Officer of Sponsor	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PAR	₹T 2
CALIFORNIA 46	0
Page 2 of 6	\Box

5. Officeholder or Can	didate Controlled C	Committee			6.	Primarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER	OR CANDIDATE					NAME OF BALLOT MEASURE				
Ida Obeso-Martinez										
OFFICE SOUGHT OR HELD	(INCLUDE LOCATION AN	D DISTRICT NUMB	ER IF APPLIC	CABLE)		BALLOT NO. OR LETTER	JURISDICTION	ON	Пп	SUPPORT
Imperial City Council										OPPOSE
RESIDENTIAL/BUSINESS A	DDRESS (NO. AND STRE	ET) CITY Imperial	STATE CA	92251		identify the controlling officel	nolder, candi	date, or state measur	e propo	nent, if any.
		Imperial		32231		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	PROPONENT		
Related Committees not included in this staten contributions or make exp	ent that are controlled by	you or are primar				OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
COMMITTEE NAME		I.D. NUM	BER							
NAME OF TREASURER		CONTRO	DLLED COMM		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Committ committee is primarily	ee List formed.	names of
		☐ YE	s 🗌 NO	<u> </u>		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUGHT OF	HELD	1
COMMITTEE ADDRESS	STREET ADDRESS (N	NO P.O. BOX)				TABLE OF OTTIOENDEDEROR		011102303011101	· · · · · · · ·	SUPPORT OPPOSE
CITY	STATE	ZIP CODE		DE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OF	HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUM				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OF	HELD	SUPPORT OPPOSE
NAME OF TREASURER		☐ YE	S NO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (N	NO P.O. BOX)						L		III OFFOSE
CITY	STATE	ZIP CODE	AREA CO	DE/PHONE		Attac	ch continuatio	on sheets if necessar	у	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 460 from <u>09/25/2022</u> Page 3 through <u>10/22/2022</u> I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Obeso-Martinez for Imperial City Council 2022

Contributions Received	(F	COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	839.00	\$	3183.00	
2. Loans Received Schedule B, Line 3		00.00		900.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	839.00	\$	4083.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		00.00		192.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	839.00	\$	4275.00	Made \$ \$
Expenditures Made		000.01			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	907.74	\$	2821.56	Candidates
7. Loans Made Schedule H, Line 3		000.01		0004.50	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	907.74	\$	2821.56	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3					Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3					(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	907.74	\$	2821.56	\$
Current Cash Statement			Π		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1330.18	То	calculate Column B,	
13. Cash Receipts Column A, Line 3 above		839.00		d amounts in Column o the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	an	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		907.74		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1261.44	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from evious period amounts. If is is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule 8, Pert 2	\$		file	d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00	l ""	<i>11</i> •	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	900.00			FPPC Form 460 (Jan/2016))
			1		FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period CALIFORNIA from <u>09/25/2022</u> FORM through 10/22/2022 Page 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	T . 01 14 4 6 7 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				I.D. N	UMBER
Committee to	Elect Obeso-Martinez for Imperial City Council 2022					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
10/07/2022	Carmen Obeso rail	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
10/11/2022	Maria Peinado	☑IND □COM □OTH □PTY □SCC	Public Information Officer ICPHD	200.00	200.00	
10/11/2022	Gabriela Miramontes	IND COM OTH SCC	Student	200.00	200.00	
10/11/2022	Gloria Obeso	☑IND □COM □OTH □PTY □SCC	Real Estate Developer Self-Employed	200.00	200.00	
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	700.00		
Schedule A Summary 1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.) 120.00 *Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)						
2. Amount re	ceived this period – unitemized monetary contribution	ons of less than	1 \$100\$ 13	9.00	PTY - Politic	
3. Total mone	etary contributions received this period.		one	0.00		

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ 839.00

	Am	ounts may be ro	unded				SCHED	ULE B - PART 1
Schedule B – Part 1	O'''	to whole dollars			Statement cov	ers period	CALIFORNIA 460	
Loans Received				Ι,	from 09/25/2022		FORM	" [*] 40U
				1				
SEE INSTRUCTIONS ON REVERSE					through <u>10/22/2</u> 0	022	Page <u>5</u>	of <u>6</u>
NAME OF FILER							I.D. NUMBER	
Committee to Elect Obeso-Martinez for Impe	rial City Council 2022							
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.O., NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIOD :	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Ida Obeso-Martinez				DAID 8 00.00	\$ 900.00	×	s_900.00	s 900.00
		0.00	00.00	FORGIVEN		RATE		PER ELECTION**
† 2 IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	5
				S	s		\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	s	s	DATE DUE	5	DATE INCURRED	s
				PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
† IND COM OTH PTY SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	00.00	\$ 00.00	\$ 900.00	\$ 00.00		
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	
1. Loans received this period	on of loss than \$100 \	••••••		\$ 0.00	· · · · · · · · · · · · · · · · · · ·	_		
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period				\$			†Contributor Codes	,
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						IND – Individual COM – Recipient C	ommittee
(Include loans paid by a third party tha	t are also itemized on Sche	edule A.)		4 0.00	1		(other than I	PTY or SCC)
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)	•••••	••••••	.NET \$			OTH – Other (e.g., l PTY – Political Part	business entity)
Enter the net here and on the Summar	ry raye, Column A, Line 2.						SCC - Small Contri	
				(Ma	y be a negative number)			
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)						

** If required.

Schedule E Payments Made		Amounts may be rounded to whole dollars.				ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 10/22/20	22	Page _	6 of 6
Committee to Elect Obeso-Martinez for Imperial City Co	uncil 2022						1.5.1101	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 CNS campaign ilterature and mailings MTG member communications MER member communications meetings and appearances OFC office expenses O							ction costs meals nd meals of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT	· · · · · · · · · · · · · · · · · · ·		AMOUNT PAID
Humble Farmers Brewing			Mixer					187.88
Sports International			Stickers	-				146.34
Precision Photography and Multi-Media/Raul Ortiz			Video					500.00
* Payments that are contributions or independent expenditures mu	st also be summarized on Scho	dule D.				SUB	TOTAL	\$ 834.22
Schedule E Summary								
Itemized payments made this period. (Include all S	chedule E subtotals.)						\$	334.22
2. Unitemized payments made this period of under \$1	00						\$ _7	73.52

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

Paginiant Committee				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
				FORM 400
Cover Page MECEIVEM				1 6
0	Statement covers period	Date of election if applicable:		Page of
EN OCT 2022 E	from 09/25/2022	(Month, Day, Year)		For Official Use Only
		11/08/2022		A contract of
SEE INSTRUCTIONS ON REVERSE	through 10/22/2022	11/00/2022		
1. Type of Recipient Committee: All Committees	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termin Amendment (Explain below)	ation)	Quarterly Statement Special Odd-Year Report
Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			
3. Committee Information	I.D. NUMBER 1454439	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER		
Committee to Elect Obeso-Martinez for Imperia	al City Council 2022	Maria Enriquez-Caldera		
		MAILING ADDRESS		
and the second second				
STREET ADDRESS (NO P.O. BOX)		CITY		IP CODE AREA CODE/PHONE
CITY STATE 2	ZIP CODE AREA CODE/PHONE	El Centro		92243
		NAME OF ASSISTANT TREASURER, II	ANY	
Imperial CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	92251 O. BOX	MAILING ADDRESS		
CITY STATE 2	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
daforimperial@gmail.com				
I. Verification				
I have used all reasonable diligence in preparing and re			in and in the attached	d schedules is true and complete. I
certify under penalty of perjury under the laws of the Sta	ate of California that the foregoing is true and	-correct. 1000		
Executed on 10/25/2022	By TI/asia	loming - 1 al der	2	
	1/1/1	Signature of Treasurer or Assistant Treas	Che	
Executed on 10/25/2022 Date	By Signature of Con	trolling-Officeholder, Gagdidate, State Measure Propone		Sponsor
Executed on 10/25/2022	By Oda	S. app Man	inen	Augusta and a second
Date Date	5,	Signature of Controlling Officeholder, Candidate, State N	leasure Proponent	· · · · · · · · · · · · · · · · · · ·
Executed on	By			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE - PART 2								
CALIFORNIA FORM	460							
Page 2	of <u>6</u>							

. Officeholder or Candidate Controlled Comn	nittee			6.	Primari	ily Formed Ballo	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF	BALLOT MEASURE				·
Ida Obeso-Martinez										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLICA	ABLE)		BALLOT	NO. OR LETTER	JURISDICTIC	N		SUPPORT
Imperial City Council										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Imperial	STATE CA	ZIP 92251		Identify t	the controlling office	holder, candid	ate, or state	measure pro	oponent, if any.
					NAME OF	OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in this St. not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily fo				OFFICE S	SOUGHT OR HELD			DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER									
NAME OF TREASURER	CONTROLLED	COMMIT	TEE?	7.	officehol	ily Formed Cand der(s) or candidate(s)	for which this (holder Co	mmittee primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HEL	.D SUPPORT
		REA COD	E/PHONE		NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	IGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF	OFFICEHOLDER OR (CANDIDATE	OFFICE SOL	GHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLED YES BOX)	COMMIT NO	TEE?		NAME OF	OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	IGHT OR HEL	D SUPPORT OPPOSE
CITY STATE ZIP	CODE A	REA COD	E/PHONE			Attac	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Committee to Elect Obeso-Martinez for Imperial City Council 2022

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) **CALENDAR YEAR** Running in Both the State Primary and TOTAL TO DATE General Elections 839.00 3183.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 00.00 900.00 2. Loans Received Schedule B. Line 3 20. Contributions 839.00 4083.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 00.00 192.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 839.00 4275.00 Made 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 **Expenditures Made** Expenditure Limit Summary for State 907.74 2924.07 6. Payments Made...... Schedule E, Line 4 Candidates 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 907.74 2924.07 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 907.74 2924.07 **Current Cash Statement** 1227.87 12. Beginning Cash Balance Previous Summery Page, Line 16 \$ To calculate Column B. 839.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0.00*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 907.74 of your last report. Some amounts in Column A may 1158.93 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that 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 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 900.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDILLE V

Concadio	to whole dollars.		SCHEDULE				
Monetary	Contributions Received	10	whole dollars.	Statement cov from 09/25/2022	ers period	CALI	FORNIA 460
				from OS/LO/LOZZ		-	ORM -TOO
SEE INSTRUCTIO	ONS ON REVERSE			through 10/22/20	22	Page	4 of 6
NAME OF FILER						I.D. NI	JMBER
Committee to	Elect Obeso-Martinez for Imperial City Council 2022						
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	D DATE	PER ELECTION
RECEIVED	CONTRIBUTOR	CODE *	(IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y		TO DATE
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC	, 31)	(IF REQUIRED)
10/07/2022	Carmen Obeso	☑ IND	Retired	100.00	100.00		
		□отн					
	1	□ PTY □ SCC					
10/11/2022	Maria Peinado	Z IND	Dublic Information Officer	000.00	000.00		
10/11/2022	Maria i emado	СОМ	Public Information Officer ICPHD	200.00	200.00		
		□ OTH □ PTY	ICFAD				
		scc					
10/11/2022	Gabriela Miramontes	☑ IND	Student	200.00	200.00		
	•	□сом □отн			200.00		
		PTY					
		□scc					
10/11/2022	Gloria Obeso	☑ IND	Real Estate Developer	200.00	200.00		
	•	□ COM □ OTH	Self-Employed				
		PTY					
		□scc			***		
		☐ IND				1	
		отн					
		□ PTY □ SCC					
		T LISCC	SUBTOTAL \$	700.00			
Cabadula	N C		OGDIVIALV	700.00			
	A Summary					tributor C - Individu	
Amount red Include all	ceived this period – itemized monetary contributions I Schedule A subtotals.)	3.	_e 700	0.00		Recip	lent Committee
					ال ا		than PTY or SCC) (e.g., business entity)
2. Amount re	ceived this period – unitemized monetary contribution	ons of less thar	1 \$100\$ 139	0.00	PTY	- Politica	
3. Total mone	etary contributions received this period.		000		_		
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$ 839		PC Advice: advic		C Form 460 (Jan/2016))

www.fppc.ca.gov

	Am	ounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1		to whole dollar			Statement cov	ers period	CALIFORN	11A 460
Loans Received				İ	from 09/25/2022	:	FORM	··· 400
SEE INSTRUCTIONS ON REVERSE					through 10/22/2	022	Page <u>5</u>	of <u>6</u>
NAME OF FILER		***************************************					I.D. NUMBER	
Committee to Elect Obeso-Martinez for Impe	rial City Council 2022							
	IF AN INDIVIDUAL, ENTER	(á) OUTSTANDING	(b)	(c)	(d)	(e)	(1)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	OCCUPATION AND EMPLOYER	OUTSTANDING BALANCE	(b) AMOUNT RECEIVED THIS	AMOUNT PAIL OR FORGIVE	OUTSTANDING BALANCE AT	INTEREST PAID THIS	ORIGINAL AMOUNT OF	CUMULATIVE CONTRIBUTION
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BEGINNING THIS	PERIOD	THIS PERIOD		PERIOD	LOAN	TO DATE
The Obere Mention	Thank or boomassy	PERIOD		PAID	PERIOD	 	 	CALENDAR YEAR
Ida Obeso-Martinez				s 00.00	s 900.00		s 900.00	\$ 900.00
					· ·	RATE		
		0.00	00.00	FORGIVEN				PER ELECTION
·		\$	\$	\$		\$	-	\$
MIND COM OTH PTY SCC					DATE DUE		DATE INCURRED	CALENDAR YEAR
				PAID				CALENDAR TEAR
				\$. \$		\$	\$
				FORGIVEN		RATE		PER ELECTION
				١.		l.	Ì	1.
IND COM OTH PTY SCC		s	5		DATE DUE	1.	DATE INCURRED	*
				PAID				CALENDAR YEAR
				s	s	.		
				FORGIVEN	-	RATE		,
		1		☐ FORGIVEN				PER ELECTION
.		\$	s	s		\$		s
IND COM OTH PTY SCC		<u> </u>			DATE DUE		DATE INCURRED	
	s	SUBTOTALS \$	00.00	\$ 00.00	\$ 900.00	\$ 00.00		
						(Enter (e) on Schee	dute E, Line 3)	
Schedule B Summary				. 0.0	10			
Loans received this period				\$				
(Total Column (b) plus unitemized loan	is of less than \$100.)					Œ	Contributor Codes	<u> </u>
2. Loans paid or forgiven this period		••••••	••••••	\$		- 11	ND - Individual	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that		dulo A \				10	OM - Recipient C	
3. Net change this period. (Subtract Line	e 2 from Line 1)	dule A. J		NET \$ 0.0	0	ا ر	other than) TH – Other (e.g.,	PTY or SCC)
Enter the net here and on the Summar	ry Page, Column A. I ine 2.	•••••••	•••••	. 141-1 4		l P	TY - Political Part	ty
	., . age, estamming Emb En					(s	CC - Small Contri	butor Committee
				(N	fay be a negative number)	_		

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

Schedule E Payments Made	Amounts may be to whole do			f	Statement covers period rom 09/25/2022		SCHEDULI FORNIA 46 (
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee As Files Oliver Market of Green In Committee				t	hrough 10/22/2022	- Page _	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	RA RE SA TE TE TE TS	nD radio airtime and production returned contributions L campaign workers' salaries L t.v. or cable airtime and production candidate travel, lodging, a staff/spouse travel, lodging transfer between committee	n costs duction cost nd meals , and meals es of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIP	TION OF PAYMENT		AMOUNT PAID
Humble Farmers Brewing			Mixer				187.88
Sports International			Stickers				146.34
Precision Photography and Multi-Media/Raul Ortiz			Video				500.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			s	UBTOTAL	\$ 834.22
Schedule E Summary							

FPPC Form 460 (Jan/2016))

CALIFORNIA AGO

Date Stamp

Recipient Committee Campaign Statement Cover Page

Cover Page			RECEIVED	FORM TOU
	Statement covers period from $\frac{10/23/2022}{}$	Date of election if applicable: (Month, Day, Year)	DEC 2 8 2022	Page 1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 11/30/2022	11/08/2022		
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) Cimarily Formed Candidate/ fficeholder Committee Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te ☐ Amendment (Explain be	□ Specermination)	terly Statement ial Odd-Year Report
a. Comminee information	NUMBER 54439	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	01100	NAME OF TREASURER		
Committee to Elect Obeso-Martinez for Imperial City	Council 2022	Maria Enriquez-Caldera MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
		El Centro	CA 9224	3
STATE ZIP COD	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Imperial CA 92251 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	:SS	
daforimperial@gmail.com				
4. Verification				
I have used all reasonable diligence in preparing and reviewing			herein and in the attached sch	edules is true and complete. I
certify under penalty of perjury under the laws of the State of C	California that the foregoing is frue and	correct.	00.	
Executed on 12/05/2022	By V/AV	Signature of Treasure for Assistant	Sellow Tregsurer	
Executed on 12/05/2022 Date	By Signature of Cont	trolling Officeholder, Oandidate, State Measure Pro	pponentiar Responsible Officer of Sponso	r
Executed on 12/05/2022 Date	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	state Measure Proponent	

Officeholder or Candidate Controlled Committee				6.	. Р	rimarily Formed Ballot	Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					N	AME OF BALLOT MEASURE				
Ida Obeso-Martinez										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBE	ER IF APPLIC	CABLE)		В	ALLOT NO. OR LETTER	JURISDICTIO	ON	1	SUPPORT
Imperial City Council										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		-					
·	Imperial	CA	92251		lc	lentify the controlling officeh	older, candle	late, or state	measure pro	ponent, if any.
***************************************					N	AME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this S	tatamant:	I fat any an	mmillooo							
not included in this statement that are controlled by you	or are primari				ō	FFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
contributions or make expenditures on behalf of your ca	ndidacy.									
COMMITTEE NAME	I.D. NUME	BER			-					
	1									
WALKS OF TOP 10 (DED	0001700	LLED COMM	177770	7.	. P	rimarily Formed Candi	date/Office	holder Co	mmittee <i>L</i>	ist names of
NAME OF TREASURER					0	fficeholder(s) or candidate(s) f	or which this	committee is p	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D BOX)	NO			N.	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	
ONALT TELADORESO (10 F.	J. BOX,									SUPPORT
CITY STATE ZIF	CODE	AREA CO	DE/PHONE			AME OF OFFICEHOLDER OR C	ANDIDATE	055:05.001	OUT OR UT	OPPOSE
					N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	☐ SUPPORT
COMMITTEE NAME	I.D. NUME									☐ OPPOSE
COMMITTEE NAME	I.D. NOME	DER			N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT
										OPPOSE
NAME OF TREASURER	CONTRO	LLED COMM	ITTEE?		N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELI	<u> </u>
	☐ YES	_ no)							☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)				_					☐ OPPOSE
CITY STATE ZIF	CODE	AREA CO	DE/PHONE			Attac	h continuatio	n sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Obeso-Martinez for Imperial City Council 2022

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	-657.26	\$\frac{3183.00}{242.74}\$ \$\frac{3425.74}{192.00}\$ \$\frac{3617.74}{192.00}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ *
Expenditures Made 6. Payments Made	\$ 604.18 \$ 604.18 \$ 604.18	s 3425.74 s 3425.74 s 3425.74	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{1261.44}{-657.26}\frac{00.00}{604.18}\frac{00.00}{00.00}	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 come over the amounts.	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	s 0.00 s 242.74	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

	Am	ounts may be ro	unded				SCHED	ULE B - PART
Schedule B – Part 1	74	to whole dollar		ſ	Statement cov	ers period	CALIFORN	IA 460
Loans Received					from 09/25/2022	<u>; </u>	FORM	··· 400
BEE INSTRUCTIONS ON REVERSE					through 10/22/2	022	Page 4	of <u>5</u>
NAME OF FILER							I.D. NUMBER	
Committee to Elect Obeso-Martinez for Impe	rial City Council 2022						•	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAI	D OUTSTANDING	INTEREST	ORIĞİNAL	CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVE		PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTION: TO DATE
	NAME OF BUSINESS)	PERIOD		PAID	PERIOD			CALENDAR YEAR
Ida Obeso-Martinez				657.26	, 242.74	1	s 900.00	242.74
				•	- 3	RATE	*	\$ = 12.71
		0.00		FORGIVEN				PER ELECTION
		\$ 0.00	s_00.00	s		\$		s
Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	_ \$	%	\$	s
				FORGIVEN		RATE		PER ELECTION*
						1.		l .
□IND □ COM □ OTH □ PTY □ SCC		\$	\$	•	DATE DUE	,	DATE INCURRED	\$
				PAID		 		CALENDAR YEAR
				s	.		١,	١.
				FORGIVEN		RATE		
				- PONGIVEN				PER ELECTION
		\$	s	\$	DATE DUE	8	DATE INCURRED	s
□ IND □ COM □ OTH □ PTY □ SCC	<u> </u>	<u> </u>			DATE BOL	<u> </u>	DATE INCORRED	
	s	SUBTOTALS \$	00.00	657.26	\$ 242.74	\$ 00.00		
Sahadula B Summan						(Enter (e) on Sched	ute E, Line 3)	
Schedule B Summary				. 0.0	00			
Loans received this period		***************************************		\$ =		•		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period				s 65	7.26	(to	Contributor Codes	· · · · · · · · · · · · · · · · · · ·
(Total Column (c) plus loans under \$10		••••••	•••••••	Ф —			D - Individual	
(Include loans paid by a third party that		dule A.)		_		0	OM – Recipient Co Other than	ommittee PTY or SCC)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			NET \$ $\frac{-6}{}$	57.26	. o	TH - Other (e.g., I	,
Enter the net here and on the Summar	ry Page, Column A, Line 2.			,			TY - Political Part	
	-					Į S	CC - Small Contri	butor Committee

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

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

(May be a negative number)

	A					SCHEDULE E		
Schedule E	Amounts may b to whole d			Statement covers period	CALIFO	RNIA 460		
Payments Made				from	FOR	м -ТОО		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 10/22/2022	Page 5	of		
Committee to Elect Obeso-Martine	ez for Imperial City Council 2022				L			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* COPC 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 NAME AND ADDRESS OF PAYEE MBR member communications MBR member communications MBR member communications MBR member communications MBR member communications MBR member communications MRR member communications MRR member communications RAD radio airtime and production costs RFD returned contributions Compaign workers' salaries FIL t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candi VOT voter registration WEB information technology costs (internet, e-mail)								
	ND ADDRESS OF PAYEE TEE, ALSO ENTER I.D. NUMBER)	CODE O	R DES	SCRIPTION OF PAYMENT		AMOUNT PAID		
EM Digital Marketing			Marketing		4	150.00		
Sports International			Stickers		9	95.68		
_								
* Payments that are contributions or inde	pendent expenditures must also be summarized on Scho	edule D.		SUB	STOTAL \$	545.68		
Schedule E Summary								
1. Itemized payments made this	period. (Include all Schedule E subtotals.)				\$			
2. Unitemized payments made th	nis period of under \$100				\$	50		
	on loans. (Enter amount from Schedule B, Pa							
4. Total payments made this peri	od. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ry Page, Column	A, Line 6.) TO 1	Γ AL \$ _604	.18		