

Recipient Committee Campaign Statement Cover Page

| | |
|---------------------------------------|----------------------------|
| Date Stamp RECEIVED MAR 17 2021 | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>2</u> |
| | For Official Use Only |

Statement covers period
from 9/1/2020
through 12/31/2020
3/1/2021 *AK*

Date of election if applicable:
(Month, Day, Year)
11/3/2020 **KINGS COUNTY ELECTIONS**

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1433idele

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ALICIA KAMUREZ FOR KINGS COUNTY BOARD OF EDUCATION TRUSTEES DISTRICT 5 2020

STREET ADDRESS (NO P.O. BOX)
Armona, CA 93202

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Armona CA 93202 559-572-0363

CITY STATE ZIP CODE AREA CODE/PHONE
Armona CA 93202 559-572-0363

OPTIONAL: FAX / E-MAIL ADDRESS
alicia4education@gmail.com

Treasurer(s) Roy De la Torre

NAME OF TREASURER
MAILING ADDRESS
Lemoore, CA 93245-559-852-7689

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 3/1/2021
Date

Executed on 3/1/2021
Date

Executed on _____
Date

Executed on _____
Date

By Roy De La Torre
Signature of Treasurer or Assistant Treasurer

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

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

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALICIA RAMIREZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

KINGS COUNTY BOARD OF EDUCATION TRUSTEE DISTRICT 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED] Arroyo, CA 95202

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?

YES 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?

YES 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 |

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

ALICIA RAMIREZ TRUSTEE SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>9/1/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>1</u> |
| | I.D. NUMBER <u>14336666</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alicia Ramirez

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>6185</u> | \$ <u>6185</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>6185</u> | \$ <u>6185</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>2075</u> | \$ <u>2075</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>8260</u> | \$ <u>8260</u> |

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

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

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>5840</u> | \$ <u>5840</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>5840</u> | \$ <u>5840</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>2075</u> | \$ <u>2075</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>7915</u> | \$ <u>7915</u> |

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 |
|--------------------------------|---------------|
| <u>1/1/20</u> | \$ _____ |
| <u>1/1/20</u> | \$ _____ |

Current Cash Statement

| | |
|--|----------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>1635</u> |
| 13. Cash Receipts..... Column A, Line 3 above | \$ <u>4550</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ <u>5840</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>345</u> |

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.

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ _____

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ _____

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>9/1/2020</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2020</u> | |
| Page <u>1</u> of <u>2</u> | I.D. NUMBER <u>14336666</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alicia Ramirez

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| 9/30/2020 | Jeffrey Garcia [REDACTED] Lemoore, CA. 93245 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Optometrlist Family Eye Care | 250 | | |
| 10/14/2020 | Kings County Democratic Party Central Committee #931318 [REDACTED] Hanford, CA. 93230 | <input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 475 | | |
| 10/20/2020 | Martha Hernandez [REDACTED] Fresno, CA. 93721 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO MEH Global, LLC | 225 | | |
| 11/2/2020 | Rudy Sales for ASSEMBLY [REDACTED] Hanford, CA. 93213 # 1414982 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FOR STATE ASSEMBLY | 3,200 | | |
| 11/19/2020 | Bob Pojwa [REDACTED] Lorcoran, CA 93212 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Glong Inn AND SUITES | 400 | | |
| SUBTOTAL \$ | | | | <u>4550</u> | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,185
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 2,185

*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.)

Statement covers period
 from 9/1/2020
 through 12/31/2020

CALIFORNIA FORM 460

Page 2 of 2

NAME OF FILER Alicia Ramirez

I.D. NUMBER 2433666

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/10/2020 | Alicia Ramirez Self | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self | 25 | | |
| 9/11/2020 | Alicia Ramirez Self | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self | 860 | | |
| 9/16/2020 | Alicia Ramirez | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self | 750 | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | <u>1635</u> | | |

*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.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>9/1/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>1</u> |
| I.D. NUMBER | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alicia Ramirez

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/24/2020 | Raymond Macareno [REDACTED] Visalia, CA 93278 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Publisher Nuestro Tiempo Magazine | Mailer Draft | 150 | | |
| 10/2/2020 | Richard Valle for Supervisor [REDACTED] Corcoran, CA 93212 # 1303250 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | County Supervisor | Door hangers | 290 | | |
| 10/2/2020 | Richard Valle for Supervisor [REDACTED] Corcoran, CA 93212 # 1303250 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | County Supervisor | Political Data | 135 | | |
| 10/15/2020 | Euler Torres [REDACTED] Tulare, CA. 93274 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President AFM Local 150 Regional Mexicano | Lawn Signs | 1,500 | | |

SUBTOTAL \$ 2,075

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 2,075
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$ 2,075

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>9/1/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>2</u> of <u>2</u> |
| | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alicia Ramirez

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 |
|---|------------|--|--------------|
| <u>PDC</u> [REDACTED] <u>SANTA CLARITA, CA. 91351</u> | <u>LIT</u> | <u>DIRECT MAIL PROGRAM</u> <u>11x6 post cards, total mailings,</u> <u>shipping, data sort, proofing, postage</u> | <u>3,200</u> |
| <u>VAL PRINT</u> [REDACTED] <u>FRESNO, CA. 93706</u> | <u>LIT</u> | <u>Direct mail program, 11x4</u> <u>post cards, total mailings, data</u> <u>sort, proofing, postage</u> | <u>1,140</u> |
| <u>VAL PRINT</u> <u>1257 G Street</u> <u>FRESNO, CA 93706</u> | <u>LIT</u> | <u>Door hangers</u> | <u>135</u> |

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

SUBTOTAL \$ 4,475

Schedule E Summary

| | |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>5,840</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>5,840</u> |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from <u>9/1/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>2</u> |
| | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alicia Ramirez

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 |
|--|-------------------------------------|---|-------------|
| <i>Raymond Macareno P.O. Box 3610 Visalia, CA 93278</i> | <i>UT</i> | <i>Lawn Signs</i> | <i>335</i> |
| <i>Verizon Wireless</i> | <i>OFC</i> | <i>Cell phone OCT-DEC 2020</i> | <i>375</i> |
| <i>PANERA BREAD TIGER TEA TACO JALISCO SUSHI TABLE</i> | <i>TRC</i> | <i>FOOD OCT-DEC-2020</i> | <i>215</i> |
| <i>SHELL FAST TRIP ARMONA GAS STATION</i> | <i>TRC</i> | <i>GAS OCT-DEC 2020</i> | <i>110</i> |
| <i>ARMONA Refugee Center Life Way Church Community Families in District.</i> | <i>TRC</i> <i>CVC</i> | <i>PROVIDED CHRISTMAS TOYS TO COMMUNITY</i> | <i>330</i> |

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

SUBTOTAL \$ *1365*