

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA 460
FORM

Date Stamp

FILED
JAN 18 2022
ROSE GALLO-VASQUEZ
JULIA COUNTY CLERK-RECORDS

Page 1 of 4

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from 7/1/2021
through 12/31/2021

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:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1360085

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

JOE GAROFALO FOR SHERIFF 2014

Treasurer(s)

NAME OF TREASURER

K NICOLE GAROFALO

MAILING ADDRESS

P.O. BOX 1023

CITY

COLUSA

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

COLUSA

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
COLUSA CA 95932 530-218-0542

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

P.O. BOX 1023

CITY

CITY STATE ZIP CODE AREA CODE/PHONE
COLUSA CA 95932

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 1/28/22 Date

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

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

COVER PAGE - PART 2

CALIFORNIA 460
FORM

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE JOE GAROFALO			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) COLUSA COUNTY SHERIFF CORONER			
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET)	CITY	STATE	ZIP
[REDACTED]		CA	95932

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
	☐ SUPPORT ☐ 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	☐ 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 7/1/2021
through 12/31/2021

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOE GAROFALO

Page 3 of 4

I.D. NUMBER

1360085

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 General Elections

1. Monetary Contributions.....	Schedule A, Line 3	\$ 0	\$ 0	1/1 through 6/30	7/1 to Date
2. Loans Received.....	Schedule B, Line 3				
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0	\$ 0		
4. Nonmonetary Contributions.....	Schedule C, Line 3				
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0	\$ 0		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 500.00	\$ 1396.40		
7. Loans Made.....	Schedule H, Line 3				
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 500.00	\$ 1396.40		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3				
10. Nonmonetary Adjustment.....	Schedule C, Line 3				
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 500.00	\$ 1396.40		

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 8401.58	
13. Cash Receipts.....	Column A, Line 3 above		
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4		
15. Cash Payments.....	Column A, Line 8 above	500.00	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7901.58	

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	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

		\$
		\$

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

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

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOE GAROFALO

Statement covers period
from 7/1/2021
through 12/31/2021

Page 4 of 4

I.D. NUMBER
1360085

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)

CRAF

P.O. BOX 1027

COLUSA, CA 95932

DESCRIPTION OF PAYMENT

CODE OR

DONATION

CVC

AMOUNT PAID

500.00

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

SUBTOTAL \$ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 500.00
2. Unitemized payments made this period of under \$100..... \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL \$ 500.00