

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

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Kings County Elections

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For Official Use Only

Statement covers period from July 1, 2022 through Dec. 31, 2022

Date of election if applicable: (Month, Day, Year) JUNE 7, 2022

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)*

Primarily Formed Ballot Measure Committee Controlled Sponsored  
*(Also Complete Part 6)*

General Purpose Committee Sponsored  
Small Contributor Committee  
Political Party/Central Committee

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 1446337

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
ALICIA RAMIREZ FOR KINGS COUNTY BOARD OF SUPERVISORS DISTRICT 4 2022

STREET ADDRESS (NO P.O. BOX)  
[Redacted] Armones CA 93202  
CITY STATE ZIP CODE AREA CODE/PHONE  
P.O. Box 761 Armones CA 93202

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
[Redacted]  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS [Redacted]

### Treasurer(s)

NAME OF TREASURER  
Maribel Stinson

MAILING ADDRESS  
[Redacted]  
CITY STATE ZIP CODE AREA CODE/PHONE  
Hanford, CA 93230 559-363-6418

NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

### I. 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 \_\_\_\_\_ Date  
Executed on 9/20/2025 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By [Redacted] Signature of Treasurer or Assistant Treasurer  
By [Redacted] 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