			By	Executed on
	ider, Candidate State Measure Proponent	Signature of Controlling Officeholder, Candidate St	Ву	Executed on
contained herein and in the attached schedules is true and complete. I certify offerer Assistant Treasurer State Measure Proponent or Responsible Officer of Sponsor	contained herein and in the attached sched	t of my knowledge the information contained herein and correct. I correct I	iewing this statement and to the best of my kno lifornia that the foregoing is true and correct. By Signature of Con	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct, Executed on 3/22/12 By California that the foregoing is true and correct, By California that the foregoing is true and correct, By California that the foregoing is true and correct, By California that the foregoing is true and correct, By California that the foregoing is true and correct, By California that the foregoing is true and correct, California that the foregoing is true and correct, By California that the foregoing
				4. Verification
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	DUARTE	MAILING ADDRESS		MAILING ADDRESS (IF DEFERENT) NO. AND STREET OR P.O. BOX \mathcal{SAME}
MAN JR,	COZZ	NAME OF ASSISTANT TREASURER.	ZIP CODE AREA CODE/PHONE 7227 (766) 35 / - 2424	BRANCEY CA
ZIP CODE AREA CODE/PHONI 42227 (766)357-2	STATE Z	NET MAJELL	EET	STREET ADDRESS (NO P.O. BOX) 374 WEST K STR
REET	r K ST	374 WBS	01314 2015	COUNTY SUPERVIOUS
Couchman	GIBSON COL	TREASURER AJDA	Co	-14
		Treasurer(s)	134562	
			Officeholder Committee (Also Complete Part 7)	Small Contributor Committee Political Party/Central Committee
		Amendment (Explain below)	(Also Complete Pert 6) Primarily Formed Candidate /	General Purpose Committee
Supplemental Preelection Statement - Attach Form 495		 Termination Statement (Also file a Form 410 Termination) 	ControlledSponsored	Recall (Also Complete Part 5)
Quarterly Statement] []] 2	Preelection Statement Semi-annual Statement	s – Complete Parts 1, 2, 3, and 4. [Primarily Formed Ballot Measure Committee	Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Committee Committee Committee Committee
	Received erial County ROY	UNE 5, 2012	through 3/17/12	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	MAR 22 PM 4: 09	Date of election if applica倒} (Month, Day, Year)	Statement covers period from 1) 1 12	
IFORNIA ORM	Date Stamp	ink.	Type or print in ink	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

	Attach continuation sheets if necessary	Attach continuatio	ODE AREA CODE/PHONE	STATE ZIP CODE	OLLA
[OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	TO MORDEN		
☐ SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of t,	ed Candidate/Officeholder Committee List names of andidate(s) for which this committee is primarily formed.	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed	CONTROLLED COMMITTEE?		NAME OF TREASURER
		9	I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive didacy.	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.	Related Committee not included in this state contributions or make e
oponent, if any.	DPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 374 WEST K STIZEET BRAWLEY OF 42227	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 374 WEST K STEELET BY	RESIDENTIAL/BUSINESS A
SUPPORT OPPOSE		BALLOT NO. OR LETTER JURISDICTION	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) TMPETAL COUNTY SUPERVISOR DIST. 4	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) TWO PETERS OF THE COURTY SUPERVISOR DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD
		NAME OF BALLOT MEASURE		FOFFICEHOLDER OR CANDIDATE OAN OACH AN OACH AN OACH AN OACH OAC	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	6. Primarily Formed Ballot Measure Committee		Officeholder or Candidate Controlled Committee	5. Officeholder or Cal

Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Statem from	Statement covers period CALIFORNIA m 2 FORM	460
SEE INSTRUCTIONS ON REVERSE		through 3	3/17/12 Page 3	of 7
Sever	Slam Couchtrand County Sul	supprevision on	4 2612	134862
Contributions Received	Column A TOTAL THIS DERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Candidates imary and
1. Monetary Contributions	Schedule A, Line 3 \$ 2/550 \$	2,550	General Elections	7/4 to Date
2. Loans Received	Schedule B, Line 3	2,830	20. Contributions 2530	S // 10 Date
4. Nonmonetary Contributions5. TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 2 / SSO \$	2550	21. Expenditures \$ 22//37 Made	\$
X	Schedule E, Line 4 \$ 2,211 51	2,2119	Expenditure Limit Summary for State Candidates	for State
	Schedule H, Line 3 Add Lines 6 + 7 \$ 2,2/1 \$ \$	2,21151	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	ures Made* diture Limit)
9. Accrued Expenses (Unpaid Bills)10. Nonmonetary Adjustment11. TOTALEXPENDITURES MADE	Schedule C, Line 3 Add Lines 8+9+10 \$ 2/2/1 5 \$	2,2113]	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance Previ	1	To calculate Column B, add	49	
14. Miscellaneous Increases to Cash		corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section may be different from amounts reported in Column B.	nt from amounts
16. ENDING CASH BALANCE Add Lines 12 + 13 + 1. If this is a termination statement, Line 16 must be zero	4, then subtract Line 15 \$338 49	figures that should be subtracted from previous period amounts. If this is		
17. LOANGUARANTEES RECEIVED	Schedule B, Part 2 \$	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts				

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

FPPC Toll-Free Heipline: 866/ASK-FPPC (866/275-3772)

See instructions on reverse

18. Cash Equivalents

Schedule A

Type or print in ink.

SCHEDULE A

Monetary (Monetary Contributions Received	Amount to	Amounts may be rounded to whole dollars.	tement co		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			through 3/17	7	Page 4 of 7
COUM!	COMMITTEE TO ELECT SAM CONCHMAN COUNTY SUPBLUTESYL DIST 4	COUT	ory SUP ELEVISOR		2612 /	1.D. NUMBER 1345362
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	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)	E PER ELECTION TO DATE (IF REQUIRED)
2/10/12	SAM COULTMAND 65350 TIMPERIAL AUE	DOUND ON THE PROPERTY OF THE P	BEATIED CITY COUNCID MAN	4/60	\$100	1
2/22/12	"	DOTH SCC	11	\$ 1000	\$1,100	(
Zloche		HLO COW	//	\$ 900	\$ 2,000 \$	
3/7/12	"	DOTH SCC	1)	\$ 200	\$ 2,200	
3/6/12	CHAPLES J. HOSKEN 1996 CHAMBERS LN. HOLTVILLE, CA 92250	SCC SCC	SUN PEAK SUAL & 250	\$ 250	¥250	
	1000		\$UBTOTAL\$	2,450	THE PROPERTY	

Schedule A Summary

- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100\$100
- 3. Total monetary contributions received this period.

PTY - Political Party
SCC - Small Contributor Committee COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity) IND - Individual *Contributor Codes

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

SCHEDULE A (CONT.)

Monetary (Monetary Contributions Received	Amounts may be rounded to whole dollars.	be rounded dollars.	Statement covers period from 1/11/2—through 3/17/12—		CALIFORN FORM	CALIFORNIA 460 FORM 7
COMMITTEE	ITTEE TO ELECT SAM CONCAMMON COUNTY SUPENSOR DISTY 2012	Amson	Coursy superso	r pisty	2612	1346362	562
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	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)
3/9/12	SAMES D'MALLEY 1510 JONES KARMLEY, BA 92227	DSCC	PLUMBING CONTRACTOR JIM O'MALLEY PLUMBING	\$ 100	\$100		
		OSCC	5-114074.6				9
		SCC SCC					
		OSCC					
		OTH SCC					
			\$ SUBTOTAL	\$ 100			

*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

Type or print in ink.
Amounts may be rounded to whole dollars.

from _ through 3/17/12 Statement covers period 4==

SCHEDULE

SEE INSTRUCTIONS ON REVERSE

BALLIWWO. BELECT SPAN CONCIAMAN COUNTY SUPERUISON DIST 4

2012 Page 6 1345662 I.D. NUMBER

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitermized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	184 Emonion of Gener	IMPERIAC PRINTERS	er centro, con asserts	IMPERIAL COUNTY ELECTIONS DEPT	Starty by sulves 13	TMPERIAL COUNTY CLECTIONS DEPT		CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CNC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG campaign ilterature and mailings MBR member communications MFG meetings and appearances OFC office expenses OFC office expenses PET petition circulating PHO phone banks POL polling and survey research PRO professional services (legal, accounting) VOT voter registration WEB radio airtime and product returned contributions SAL campaign workers' salar returned contributions TEL t.v. or cable airtime and product campaign workers' salar PHO phone banks POL polling and survey research PRO professional services (legal, accounting) VOT voter registration WEB information technology or
he Summar	1, Column (***************************************		arized on Sc		CMP				713	CODE OR	ayment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
y Page, Column A, Line 6.)		9	GA				51615		VOTER FILE DIST 4		Eline tes	R DESCRIPTION OF PAYMENT	yment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs meetings and appearances office expenses petition circulating petition circulating petition circulating petition contributions SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals postage, delivery and messenger services professional services (legal, accounting) WEB information technology costs (internet, e-mail)
2,21151	***	2465	2/860	18/	SUBTOTAL\$ /10463		60005	14/1	111720		4577 43	AMOUNT PAID	its ime candidate/sponsor e-mail)

FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

Committee

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SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

from	Stat
ニニャ	Statement covers period

from_

through.

3/17/12

CALIFORNIA FORM SCHEL ∃E (CONT.)

Page ___

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I.D. NUMBER

CONCELLAND CONNENSMENTS DISTANCED 1345562

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			IMPERIAL PRINTERS 1845 PLAZA BRANCEY OA JUZZ	FIMPERIAL COUNTY EUSCHOWS DEPT 440 CO-MANN ST ECCENTRO, CA G2243	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CMP campaign paraphernalia/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 communit MTG meetings and app OFC office expenses PET petition circulating PHO phone banks PHO polling and survey POS postage, delivery PRO professional servi
n Schedule D.			CMP	Fil	CODE C	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads
\$UBTOTAL \$		5	SIGNS	CANDIDATES STATEMENT FEES	OR DESCRIPTION OF PAYMENT	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads RAD radio airtime and production costs RAL campaign workers' salaries SAL campaign workers' salaries TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals response travel, lodging,
\$ 1082 23			78223	\$3 <i>6</i> 0	AMOUNT PAID	is me candidate/sponsor s-mail)

Executed onDate	Executed on	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my under penalty of perjury under the laws of the State of California that the foregoing is true and correct executed on $\frac{OS/AS/A}{Date}$ Executed on $\frac{Date}{Date}$ Executed on $\frac{S/AS/A}{Date}$ Executed on $\frac{S/AS/A}{Date}$ Executed on $\frac{S/AS/A}{Date}$.	STREET ADDRESS (NO P.O. BOX) 374 WEST K STATE ZIP CODE CITY STATE ZIP CODE CITY CA 9222 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	3. Committee Information 1.0. NI COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT SAM COUNTY SUPERVISOR DIST	1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and [X] Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Sponsored O Sponsored O Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7)	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate	knowledge the information con Houchman Signate of Treasurer Controlling Officeholder, Candidate, State	AREA CODE/PHONE	AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE NAME OF ASSISTANT SAM MAILING ADDRESS MAILING ADDRESS	I.D. NUMBER 1345562 NAME OF TREASURER TY COTU CLIFT ATU WANDA 15T. 4 2012 MAILING ADDRESS	4. 2. Type of State: Measure	Statement covers period from $\frac{3/18}{12}$ Date of election if applicable: (Month, Day, Year) through $\frac{5/19/12}{12}$ $\frac{6/5/30/2}{12}$	Type or print in ink.
State Measure Proponent	Candidale, State Measure Proponent	Assignant Treasurer Measure Proponent or Responsible Officer of Sponsor	W. DUARTE STATE ZIP CODE AREA CODE/PHONE ORESS ORESS	WEST K STREET STATE ZIP CODE AREA CODE/PHONE TREASURER, IF ANY TOUR AM TOUR AM	Cibrar Couchner	tatement Special Odd-Year Report tatement Supplemental Preelection Statement - Attach Form 495 (Explain below)	Received of For Official Use Only	FORNIA

	ts if necessary	Attach continuation sheets if necessary	Attach c	AREA CODE/PHONE	STATE ZIP CODE	ALIO
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEROLDER OR CANDIDATE	YES NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICE OF SECOND OR CAMBIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OCCUPANT OF CAMPIDATE	I.D. NUMBER		COMMITTEE NAME
OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEROL DEB OB CAMBIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	YTIO
st names of ed.	Candidate/Officeholder Committee List names of idate(s) for which this committee is primarily formed.	ate/Officehold ж which this comm	7. Primarily Formed Candid officeholder(s) or candidate(s) to	CONTROLLED COMMITTEE?	STREET ADDRESS INO PO ROYA	NAME OF TREASURER
				I.D. NUMBER	Serial of your care	COMMITTEE NAME
FANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees	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 the your or are primarily formed to receive	Related Committee not included in this state contributions or make a
proponent, if ar), or state measure p	>holder, candidate	Identify the controlling officeholder, candidate, or state measure proponent, if an NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BIZANLEY CA G22-27	374 WEST KST. BR	374 WE
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	WISEL DIST 4	TIMPERIAL COUNTY SUPERVISEL DIST, 4	LMPERIAL
			NAME OF BALLOT MEASURE		SAM COUCHMAN	SAM C
	mittee	Ballot Measure Committee	6. Primarily Formed Ballot	iittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Candidate Con

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 3/18/12CALIFORNIA FORM SUMMARY PAGE

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 \$	12. Beginning Cash Balance	Payments Made Loans Made SUBTOTAL CAS Accrued Expen. Nonmonetary A TOTAL EXPEND	Column A TOTAL THIS PERIOD 1. Monetary Contributions	NAME OF FILER COMMITTEE TO ELECT SAM COLLECTIONS ON REVERSE NAME OF FILER COMMITTEE TO ELECT SAM COLLECTION ON THE ZOIL
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).		\$ 10,382.81	Column B CALENDAR YEAR TOTAL TOTALE 94 \$ 10,562 99 \$ 10,562 99	hemos
	Amounts in this section may be different from amounts reported in Column B.	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	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 \$ \$	through $5/9/2$ Page 3 of //

Monetary Contributions Received Schedule A

Type or print in ink.
Amounts may be round

NAME OF FILER COMMITTEE TO FILETY CALL	to whole dollars,
through 5/19/12	Statement covers period from 3/18/12
Page 4 of []	CALIFORNIA 460

	DIST, 4 7017 SAM Concettual county Superfusion	court	trac court	SU P1=7217		Page of I
	FULL NAME STREET ACCORDED AND AND AND AND AND AND AND AND AND AN					1345562
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE *	CONTRIBUTOR		AMOUNT RECEIVED THIS	CALENDAR YEAR	PE PE
21	DAM A. COUCHMAN	No	OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	TODATE (IF REQUIRED)
5/2/12	BRANCEY, CA GAZZI	MOD CO	BEAMCEACITY	7.000	2 7 7 7	
		□ SCC	CITY OF BRAWLEY	7,000	2,400	
5/10/12	<i>))</i>	COM				
		DDDD YF9 SC YF9 FF YF9	*	500	3,700	
5/11/12	17	PTY HOOM	//	500	4 22	
		SCC			•	
5/16/12			11	0.025		
	VA) ERIF A SMITH	Scc		(77/100	
3/23/12	294 ALCON ST	COM	OFFICE MANAGER			
-	BRAWLEY, CA G2227	무무	CONSTRUCTION	100	100	
Schedule A Summary	ummary		\$UBTOTAL\$	2,600		
 Amount receive (Include all Sch 	 Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 				*Contributor Codes	des
			•)	- = = = = = = = = = = = = = = = = = = =	•

Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100\$

26

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

IND - Individual *Contributor Codes

PTY - Political Party SCC - Small Contributor Committee

(Include all Schedule A subtotals.)\$

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER COMMITTEE D187. HENS OF 2012 SAM COULTMAN COUNTY SUPERWISOR Type or print in ink. Amounts may be rounded to whole dollars. through 5/19/12 from_ Statement covers period 3/18/12 Page S CALIFORNIA 460 I.D. NUMBER SCHEDULE A (CONT.) 9

*Contributor Codes			21	1	3/25/12 ED		3/26/12 172	DATE FULLI RECEIVED
		7	ELCENTRO, CA 42243 S. P. RUTHERFORD 113 S. DI AND	TWORNAL CA 92281	COWIN OBERGEELL	BRAWLEY, CA G2227	ROCER-W PRICE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR
SUBTOTAL\$	□COM □PTY □SCC	OND CON CHICE AND CON CHICE AND CHICE AND	SCHAEFER INC		PR	DON PIONEERS NEW.		
1600	100	057	1,000	150		100	RECEIVED THIS PERIOD	TNUGMA
	100	250	1,000	150		100	COMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	les
							PER ELECTION TODATE (IF REQUIRED)	1346562

IND ~ Individual

COM ~ Recipient Committee

(other than PTY or SCC)

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

PTY ~ Political Party

SCC ~ Small Contributor Committee

Monetary Contributions Received Schedule A

Type or print in ink, Amounts may be rounded to whole dollars. from _ Statement covers period 8/18/12 CALIFORNIA 460

SCHEDULE A

(Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	SUBTOTAL\$ //	BRANCEY, CA GREET BOTH SCC 200	13636 M. C. S. HW. C. COMPANY DIND N. W. C. S. LING COMPANY DIND 3636 M. S. HW. C.	TACLETT DONN HOUSEWIFE TO TACLETT DING SECRETARIES TO TACLETT DING TEET PETE	THENDON DON LAPTICE	2LICT LOND COM COM COM COM	CODE * OCCUPATION AND EMPLOYER OF BUSINESS) SIND PHUTS MANAGET COM TEXACALLER OCCUPATION AND EMPLOYER OF BUSINESS)	TREET ADDRESS AND ZIP CODE OF CONTRIE	4 2012 - To exect Som concernan con	SEE INSTRUCTIONS ON REVENCE
	1100	200	180	200	500	100	RECEIVED THIS PERIOD	or supe	through 5/19/12	from U/V
*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) PTY - Other (e.g., business entity PTY - Political Party SCC - Small Contributor Committee		200	100	200	5 00	100	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	-		0/18/12
*Contributor Codes IND-Individual COM-Recipient Committee (other than PTY or SCC) PTY-Political Party SCC-Small Contributor Committee							E PER ELECTION TO DATE (IF REQUIRED)	1.D. NUMBER 1345562	Page of	ONCIP ORNIA

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Type or print in ink. Amounts may be rounded to whole dollars.

NAME OF FILER COMM 1776 TO EVECT - SAM Concoping County SUPERUSAN 10 NUMBER through 5/19/12 from Statement covers period 3/18/12 CALIFORNIA FORM SCHEDULE A (CONT.) 460

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) PTY - Political Party SCC - Small Contributor Committee		5/4/12	2/1/2	5/5/12	4/27/12	DATE RECEIVED
mittee Y or SCC) siness entity) or Committee	FRANCEY CA GULLY	Cold Single Counts SE	OAK RIDGE, IN 37830 374 M. K. ST. Congition	SPAWLEY, CA GREY	THEK B. HART JR,	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
□PTY Scc Subtotal\$	DIND COM	DSCC PPTH	DON CON CONTRACTOR	-	CODE * OCCUPATION AND E (IF SELF-EMPLOYED, EN OF BUSINESS) STORY OCCUPATION AND E OF BUSINESS)	CONTRIBUTOR IF AN INDIVIDU
1500	100	500	750	150	+	1
	100	500	927,	150	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100000
					PER ELECTION TODATE (IF REQUIRED)	345562

SCC - Small Contributor Committee

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DUMILLEG TO

Amounts may be rounded Type or print in ink.

to whole dollars.

Evert Som Constantan COUNTY SUPERUISOR through Statement covers period % |-| |-| 5/19/12 DIST 4 7 Page _ CALIFORNIA I.D. NUMBER 348562 FORM SCHEDULER

1. Itemized payments made this period. (Include all Schedule E subtotals.) Schedule E Summary * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 2 000 3 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. KROP RADIO BRANLBY, CA GREET 20 S. PLAZA 1699 N. IMPERIAC AVE ercente, a campaign literature and mailings independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees civic donations fundraising events contribution (explain nonmonetary): beaucy, on gozzy PATTIN ADVERTIZING STREW JUDUSTRIES, INC NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER) 27243 굨 professional services (legal, accounting) postage, delivery and messenger services polling and survey research office expenses Petition circulating meetings and appearances phone banks RAU PRT 口って CODE S RADIO 51300 CAMPAIGIL BUSINERS CAPDS BILLBOARDS POS DESCRIPTION OF PAYMENT 뒳 컹 回 PRODUCTION information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs returned contributions SUBTOTAL \$ 2,578 223 328 1700 AMOUNT PAID

TOTAL \$

7/30

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

2. Unitemized payments made this period of under \$100

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

Payments Made Schedule E (Continuation Sheet)

Amounts may be rounded Type or print in ink.

SCHEDULE E (CONT.)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. GRAFFIK TWOUSTENES, INC. THE DESCON SHOP CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, ELENTRO, CA GRYS Providence NAME AND COMMUNITY DEVELOPMENT, INC. INSTITUTE FOR SOCID-EZONOMIC JUSTICE Brawley, CA Gazz TXO RADIO 181 Ni. PLAZA TS CHEWING OCT SEE INSTRUCTIONS ON REVERSE SALTON CITY, CA 92275 SLAWLEY, CA GOZZY SYI MAIN ST. COMMITTEE TO ELECT STAM COUCHAMN COUNTY SUPERUSOR BRANCEY, CA campaign literature and mailings independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees civic donations contribution (explain nonmonetary)* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 9222-毋용 M G postage, delivery and messenger services professional services (legal, accounting) polling and survey research office expenses meelings and appearances member communications phone banks petition circulating to whole dollars. 0 Z D RAY 7 CVC CODE 유 BUMPER STICKERS CAMPAIGN Casis NEWS PAPER INDS PADIO EVERT DONATION FOR COMMUNITY 205 DISTA DESCRIPTION OF PAYMENT 数が数 through_ CARV And PRADUCTION Statement covers period information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals describe the payment. candidate travel, lodging, and meals radio airtime and production costs t.v. or cable airtime and production costs campaign workers' salaries returned contributions 2012 2(181)2 5/19/12 SUBTOTAL \$ Page CALIFORNIA I.D. NUMBER 345562 230 50 FORM 13469 1140 250 190 AMOUNT PAID 윽 460

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER COMMITTEE SEE INSTRUCTIONS ON REVERSE

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Type or print in ink. to whole dollars.

Statement covers period 118112

CALIFORNIA FORM SCHEDULE E (CON ... 460

2119115 Page 10 <u>약</u>

through

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. BRANLEY ELKS LODGE CODES: IMPERIAL PRINTERS IMPERIAL PRINTERS P.O. BOX 1236 ECCENTRO, CA GREYS guar red i ca erra IMPERIAL VALLEY WEEKLY Brawley, of grazy 480 W. MAN ELCENTRO, CA GREY3 campaign literature and mailings campaign paraphernalia/misc independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees civic donations contribution (explain nonmonetary)* campaign consultants fundraising events 570 HOLT HOLTVILLE, CA 92250 If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. DIST 4 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Ave, 2012 TO EVECT SAM COUCHMAN COUNTY SUPERVISOR 으로 마이지를 함 postage, delivery and messenger services professional services (legal, accounting) member communications polling and survey research petition circulating meetings and appearances phone banks 727 CKID PRIT CODE PRINT ADS ONCINE FUND PAISING CAMPAIEN MAIL FLY GES YARD SIGNS PRINT ADS DESCRIPTION OF PAYMENT information technology costs (internet, e-mail) radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs candidate travel, lodging, and meals campaign workers' salaries returned contributions aren 1345265 I.D. NUMBER 229 350 18 12183 55 729 375 AMOUNT PAID 18

SUBTOTAL \$ 2, 805 66

Schedule E Payments Made (Continuation Sheet)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CON

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NAME OF FILER COMMITTEE 3 ECECI SAM CONCHINAN STECOMON SUPERVISON through. from_ Statement covers period 3/18/12 5/19/12 FORM 460 I.D. NUMBER Page _ 1345562 잌

	marized on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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PRINT ADS AND ONLEWE AUS 1725	RET	Chiles States by the Control of States
OR DESCRIPTION OF PAYMENT AMOUNT PAID	CODE	IMPERATE CALLEY PRISS
RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/s	member communications meetings and appearances office expenses petition circulating) phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CVC civic donations FIL candidate filing/ballot fees FID fundraising events ND independent expenditure supporting/opposing others (explain)* POS LEG legal defense LT campaign literature and mailings NAME AND ADDRESS OF BASES PRO PRI NAME AND ADDRESS OF BASES

SUBTOTAL \$

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on 7/3/12 Executed on 7/3/12 Executed on Date Executed on Date	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ECETT SAM STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS STATE ZIP CODE	1. Type of Recipient Committee: All Committees Complete Parts 1, 2, 3, and Officeholder, Candidate Controlled Committee Primarily Formed Ballot No Complete Part 5) Controlled Officeholder Committee Officehol	Recipie : (Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) s from SEE INSTRUCTIONS ON REVERSE throu
knowledge the information cont. Signalure of Controlling Officeholder, Signature of Controlling Officeholder, Signature of Controlling Officeholder,	NUMBER STATE NUMBER STATE COUCHMAN AREA CODE/PHONE OF AREA CODE/PHONE OF AREA CODE/PHONE OF AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADJ CITY MAILING ADDRESS OPTIONAL: FAX / E-MAIL ADJ OPTIONAL: FAX / E-MAIL ADJ CITY OPTIONAL: FAX /	2. Type of Statement: Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 7) 2. Type of Statement: Preelection Statement Sc Semi-annual Statement (Also file a Form 410 Termination) Amendment (Explain below) Amendment (Explain below)	Type or print in lnk. Statement covers period from $\frac{5/20//2}{(Month, Day, Year)}$ through $\frac{6/3///2}{(Month, Day, Year)}$
ained herein and in the attached schedules is true and complete. I certify or Assistant Treasurer Measure Proponent or Responsible Officer of Sponsor Candidate, State Measure Proponent FPPC Form 450 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	A GBSON COUCHMAN W. K. STREET STATE ZIP CODE REASURER, IF ANY M. COUCHMAN JR. W. DUARTE STATE ZIP CODE AREA CODE/PHONE BY A. COLLANTE AREA CODE/PHONE BY A JUARTE BY A JUARTE AREA CODE/PHONE BY A JUARTE BY A JUARTE AREA CODE/PHONE BY A JUARTE BY A JUARTE BY A JUARTE AREA CODE/PHONE BY A JUARTE BY A JUA	Quarterly Statement Special Odd-Year Report Supplemental Preelection Fermination) Statement - Attach Form 495 below)	REGISTRAR OF VOTER Spage of The Difficial Use Only RECEIVED BY: CALIFORNIA 460 CALIFORNIA 460 FOR Official Use Only

Recipient Committee Campaign Statement Cover Page — Part 2

	NAME OF TREASURER CONT COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMITTEE NAME	CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTI	COMMITTEE NAME I.D. NUMBER	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.	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 374 W. K. St. BRANLEY CA 97227	SAM COULTY AND DISTRICT NUMBER IF APPLICABLE TAMPERUM COUNTY SUPERVISOR DIST A		5. Officeholder or Candidate Controlled Committee
AREA CODE/PHONE	CONTROLLED COMMITTEE? YES UNO	I.D. NUMBER	AREA CODE/PHONE	YES NO	CONTROLLED COMMITTEE?	MBER	t: List any committees imarily formed to receive	STATE ZIP	R IF APPLICABLE)		
Attach	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JU	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	DIDATE OFFICE SOUGHT OR HELD	DIDATE OFFICE SOUGHT OR HELD	DIDATE OFFICE SOUGHT OR HELD	DIDATE OFFICE SOUGHT OR HELD	med Candidate/Officeholder Committee List is candidate(s) for which this committee is primarily formed		10	older, candidate, or state	JURISDICTION		easure Committee
cessary	T OR HELD SUPPORT	IT OR HELD SUPPORT OPPOSE	IT OR HELD SUPPORT OPPOSE	T OR HELD SUPPORT OPPOSE	mittee List names of imarily formed.		DISTRICT NO. IF ANY	measure proponent, if any.	□ SUPPORT □ OPPOSE		

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

Summary Page Amounts may be rounded to whole dollars.	Statement covers period from 5/26/12	FORM 460
	through 6/3//1.	2 Page 3 of 7
NAME OF FILER COMMITTEE TO ELECT SAM CONCAFMAN COM	bes	1.D. NUMBER 1345362
Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B Calendar Ye CALENDAR YEAR TOTAL TODATE O Canoning in Canoning in	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3 \$	Seneral Elections	1/1 through 6/30 7/1 to Date
2. Loans Received	14	ns s
4. Nonmonetary Contributions	12 75 21. Expenditures Made	res \$
Expenditures Made Schedule E, Line 4 \$ 1,79463 \$ 12,1	77 49 Expenditure Candidates	e Limit Summary for State
8. SUBTOTAL CASH PAYMENTS	22. Cumul (irsub) Date of Election (mm/dd/yy)	Curnulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Election Total to Date sd/yy)
11. TOTALEXPENDITURES MADEAdd Lines 8+9+10 \$ 1,76463 \$ 12,1	77	\$
ent Previous Summary Page, Line 16 \$ 338 45 Column A, Line 3 above 1750 22	olumn B, add umn A to the amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash	3 of your last amounts in amounts in be negative lould be m previous is. If this is being filed	lumn B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse \$ any). 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 1 400		FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
	- Indian	Tree Helpline: 666/AG7****** (666/4:0-04)

Schedule A

Schedule A		Type	Type or print in ink.			SCHEDULE A
Monetary (Monetary Contributions Received	to	to whole dollars.	from 5/72/12	/2	FORM 460
				through 6/3///	///2_ Page _	ge 4 of 7
NAME OF FILER / A	173/3 (24 2/2/2)	200	San Bullman Count	74	_	I.D. NUMBER
M .	DIST. 4 2	7	Ι.		/ ;	345562
DATE RECEIVED	AND ZIP CODE OF CONTRIBUTOR SOENTER ID. 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)
5/21/12	5AM COUCHTMAN AVE	DOCOM NO DE T	COMMUNICANONS BEAMMEN CITY	\$200	\$4,900	
7 1	ROSENDO & CARCIA	COM	PETILED	\$ 100	a0/ 5	·
411110	BRANLEY, OA 92227	□ PTY				
		BIN				
2		OSC PTH M				
		D COM NO PTY				
			SUBTOTAL\$	300		

Schedule A Summary

	-
(Include all Schedule A subtotals.)	 Amount received this period – itemized monetary contributions.

2. Amount received this period - unitemized monetary contributions of less than \$100\$100

IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)
PTY -- Political Party
SCC -- Small Contributor Committee *Contributor Codes

300 8

Schedule B - Part 1 Loans Received

Type or print in ink.

IND COM COTH PTY SCC NAME OF FILER COMM ITTER SEE INSTRUCTIONS ON REVERSE SAMMY A COUCHWANTE BRANCH, CA 42227 FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) ☐ COM ☐ OTH ☐ PTY Inperio Ave 1 CA 1222 Couchnes 胃 2012 □ scc 7 SCC IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) RETIRED BRAWLEY CATH CORRECTIONAL Memmey Stricen TO CLEAR MARCHAN カとを るま Amounts may be rounded OUTSTANDING
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PS 459

Braw res

Schedule B Summary

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N N

1. Loans received this period\$ / 4/D (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
7

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

(Enter (e) on Schedule E, Line 3)

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

Net change this period. (Subtract Line 2 from Line 1.) NET \$

(May be a negative number)

Payments Made Schedule E

Amounts may be rounded Type or print in ink. to whole dollars.

Statement covers period

from L N

NAME OF FILER COMMITTEE SEE INSTRUCTIONS ON REVERSE 2012 9 Salvary 150h through Page __ D. NUMBER 345562 0

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

civic donations campaign literature and mailings contribution (explain nonmonetary) campaign consultants campaign paraphernalia/misc legal defense independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees P_Q_C 유 M G meetings and appearances office expenses member communications print ads postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks petition circulating RF & 支색깔 틴 information technology costs (internet, e-mail voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airlime and production costs campaign workers' salaries returned contributions radio airlime and production costs

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SUBTOTALS 90463		narized on	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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395 %		PET	IN PRESS ZOS N. STH ELCENTRO, CA 92243
40963	PESTAGE AND DELL VERLY	Pos	UNITED STATES POSTAL SERVICE 1800 MAN ST. 1800 MAN ST.
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100 ...
- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) (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 \$ FPPC Form 460 (January/05) los

Fayments Made Sched JE (Continuation Sheet)

Type or print in in...
Amounts may be rounded to whole dollars.

Statement covers period 1

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Page _

CODES: SEE INSTRUCTIONS ON REVERSE
NAME OF FILER COMMITTEE If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 20/2 SAM COULHMAN COUNTY SUPENSOR through_ describe the payment I.D. NUMBER

CIS CNS 골끝 8 3 Ş ₹ civic donations campaign paraphernalia/misc EL CENTRO, CA GREY3 campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain) fundraising events candidate filing/ballot fees contribution (explain nonmonetary)* campaign consultants 20011111 JAKEY WEEKIN NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 유 MIG NBR BR office expenses petition circulating meetings and appearances member communications professional services (legal, accounting) phone banks polling and survey research postage, delivery and messenger services CODE D SE LA S PADIO ADS DESCRIPTION OF PAYMENT information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals staff/spouse travel, lodging, and meals t.v. or cable airlime and production costs returned contributions campaign workers' salaries radio airtime and production costs 2008 200 AMOUNT PAID

SUBTOTAL \$

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

Executed on Date	Executed on Date	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lunder penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on 61/30/13 Executed on 1/30/13 By Signature of Signatu	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT SA COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE OPTIONAL FAX / E-MAIL ADDRESS OPTIONAL FAX / E-MAIL ADDRESS	7. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me Ostate Candidate Election Committee Committee Recall Controlled Sponsored General Purpose Committee Sponsored Osponsored Sponsored Osponsored Officeholder Committee Osponsored Osponsored Officeholder Committee Osponsored Osponsored Osponsored Officeholder Committee Osponsored Ospons	(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Recipie Committee Campaign Statement Cover Page
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	cnowledge the informa	Treasurer(s NAME OF TRE NAME OF TRE NAME OF TRE NAME OF TRE MAILING ADDR OPTIONAL: FA OPTIONAL: FA	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 2. Type of Statement Semi-annual Statement (Also file a Form 410 Termination) Amendment (Explain below)	Statement covers period Date of election if applicable; from $\frac{7/01/12}{(Month, Day, Year)}$ through $\frac{12/31/12}{(Month, Day, Year)}$	Type or print in ink.
idale, Slate Measure Proponent	idale. State Measure Proponent	tion contained herein and in the attached schedules is true and complete. I certify MM Treasurer or Assetiant Treasurer MGEL. State Measure Proponent or Responsible Officer of Sponsor	ASURER ASURER ASURER ASURER ASURER ASURER STATE ZIP CODE AREA CODE/PHONE AND A COUCH MAN ESS AND CODE STATE ZIP CODE AREA CODE/PHONE AND CODE STATE ZIP CODE AREA CODE/PHONE AND CODE AREA CODE/PHONE AND CA GIVIL (760) 453:3718 XIE-MAIL ADDRESS	nent Quarterly Statement sment Special Odd-Year Report ment Supplemental Preelection 410 Termination) Statement - Attach Form 495 lain below)	JAN 3	Date Stamp FILED CALIFORNIA 460 FORM

Payments Made Schedule E

SE E INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

7/01/12

TO ELECT SAM CONCHINAN COUNTY SUPERUISOR through 12/3/1/2 from _

189	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
1 6	2. Unitemized payments made this period of under \$100
N 18	(Include all Schedule Esubtotals)
126 18	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
11 3 7 11	
3600	PROMICE CHOLARDITY TUNE (NO. SCHOLARSHIP ORGANIZATION 1365)
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	COURS: If one of the following codes accurately describes the payment, you may enter the code Otherwise describe the payment, you may enter the code Otherwise describe the payment, you may enter the code Otherwise describe the payment, you may enter the code Otherwise describe the payment, you may enter the code Otherwise described the confidence of the contribution. NET perturb and appearances of the contribution of the code Otherwise described to the contribution of the code Otherwise described to the code Otherwise described to the payment, you may enter the code Otherwise described to the payment, you may enter the code Otherwise described to the payment, you may enter the code Otherwise described to the payment, you may enter the code Otherwise described to the payment, you may enter the code Otherwise described to the payment, you may enter the code Otherwise described to the payment of the code of the code Otherwise described to the payment of the code of
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Total payments made this period. (Add Lines 1. 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).