Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/12 through 3/17/12

Date of election if applicable (Month, Day, Year): JUNE 5, 2012

Date Stamp: 2012 MAR 22 PM 4:09 Received Imperial County ROV

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

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

- [x] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1345562

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

STREET ADDRESS (NO P.O. BOX): 374 WEST K STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 351-2424

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: samcouchman@att.net

Treasurer(s)

NAME OF TREASURER: WANDA GIBSON COUCHMAN

MAILING ADDRESS: 374 WEST K STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 351-2424

NAME OF ASSISTANT TREASURER, IF ANY: SAMMY A. COUCHMAN JR.

MAILING ADDRESS: 261 W. DUARTE

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 455-3718

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 3/22/12 (Date) By W Couchman (Signature of Treasurer or Assistant Treasurer)

Executed on 3/22/12 (Date) By Sam Couchman (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
SAM COUCHMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY SUPERVISOR DIST. 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
374 WEST K STREET BRAWLEY CA 92227

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

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

SUMMARY PAGE

Statement covers period
from 1/1/12
through 3/17/12

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER
1345562

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2,550	$ 2,550
2. Loans Received	Schedule B, Line 3	—	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 2,550	$ 2,550
4. Nonmonetary Contributions	Schedule C, Line 3	—	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 2,550	$ 2550

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	$ 2550	$
21. Expenditures Made	$ 2211 51	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2,211 51	$ 2,211 51
7. Loans Made	Schedule H, Line 3	—	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2,211 51	$ 2,211 51
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	$ 2,211 51	$ 2,211 51

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ —
13. Cash Receipts	Column A, Line 3 above	2,550
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	2,211 51
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 338 49

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

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).

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

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

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 1/1/12
through 3/17/12

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER
1345562

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)
2/10/12	SAM COUCHMAN 653 SO IMPERIAL AVE BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED BRAWLEY CITY COUNCILMAN CITY OF BRAWLEY	$100	$100	—
2/22/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	$1000	$1,100	—
2/22/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	$900	$2,000	—
3/7/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	$200	$2,200	—
3/6/12	CHARLES J. HOSKEN 1996 CHAMBERS LN. HOLTVILLE, CA 92250	☒IND ☐COM ☐OTH ☐PTY ☐SCC	GEN. MANAGER SUN PEAK SOLAR IV SOLAR CO. 1	$250	$250	

SUBTOTAL $ 2,450

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 2,550
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,550

*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

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 1/1/12
through 3/17/12

NAME OF FILER: COMMITTEE TO ELECT SAM COUCHAMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER: 1345362

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)
3/9/12	JAMES O'MALLEY 1510 JONES BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	PLUMBING CONTRACTOR JIM O'MALLEY PLUMBING	$100	$100	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐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.

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 1/1/12
through 3/17/12

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER
1345862

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
IMPERIAL COUNTY ELECTIONS DEPT 940 W. MAIN ST EL CENTRO CA 92243	FIL	FILING FEES	457 43
IMPERIAL COUNTY ELECTIONS DEPT 940 W. MAIN ST EL CENTRO, CA 92243		VOTER FILE DIST 4	147 20
IMPERIAL PRINTERS 184 S. PLAZA BRAWLEY, CA 92227	CMP	SIGNS	500 00

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

SUBTOTAL $ 1,104 63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,186 86
2. Unitemized payments made this period of under $100 ..... $ 24 65
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 $ 2,211 51

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from 1/1/12
through 3/17/12

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER: 1345562

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
IMPERIAL COUNTY ELECTIONS DEPT 440 W. MAIN ST. EL CENTRO, CA 92243	FIL	CANDIDATES STATEMENT FEES	$300
IMPERIAL PRINTERS 184 S PLAZA BRAWLEY, CA 92227	CMP	SIGNS	782 23

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

SUBTOTAL $ 1082 23

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

Date Stamp: 2012 MAY 24 PM 2:01 Received Imperial Co.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 3/18/12 through 5/19/12

Date of election if applicable: (Month, Day, Year) 6/5/2012

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

- [x] 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:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1345562

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

STREET ADDRESS (NO P.O. BOX): 374 WEST K STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760)351-2424

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

CITY: — STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: samcouchman@att.net

Treasurer(s)

NAME OF TREASURER: WANDA GIBSON COUCHMAN

MAILING ADDRESS: 374 WEST K STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760)351-2424

NAME OF ASSISTANT TREASURER, IF ANY: SAMMY A. COUCHMAN JR

MAILING ADDRESS: 261 W. DUARTE

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 451-3718

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 05/23/12 (Date) By WGCouchman (Signature of Treasurer or Assistant Treasurer)

Executed on 5/23/12 (Date) By Sam Couch (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
SAM COUCHMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY SUPERVISOR DIST. 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
374 WEST K ST. BRAWLEY CA 92227

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

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

SUMMARY PAGE
CALIFORNIA FORM **460**

Statement covers period
from 3/18/12
through 5/19/2

Page 3 of 11

I.D. NUMBER
1345562

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM CORCHAMAN COUNTY SUPERVISOR DIST 4 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 8,012.99	$ 10,562.99
2. Loans Received	Schedule B, Line 3	—	—
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 8,012.99	$ 10,562.99
4. Nonmonetary Contributions	Schedule C, Line 3	—	—
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 8,012.99	$ 10,562.99

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 8,171.30	$ 10,382.81
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 8,171.30	$ 10,382.81
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	$ 8,171.30	$ 10,382.81

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 338.49
13. Cash Receipts	Column A, Line 3 above	8012.99
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	8,171.30
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 180.18

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 — $ —

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).

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	$	$

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.

Schedule A
Monetary Contributions Received

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

Statement covers period
from 3/18/12
through 5/19/12

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

I.D. NUMBER 1345562

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)
3/21/12	SAM A. COUCHMAN 653 SOUTH IMPERIAL AVE BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED BRAWLEY CITY COUNCILMAN CITY OF BRAWLEY	1,000	3,200	
5/10/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	500	3,700	
5/11/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	500	4,200	
5/16/12	"	☒IND ☐COM ☐OTH ☐PTY ☐SCC	"	500	4,700	
3/23/12	VALERIE A. SMITH 294 ALLEN ST. BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	OFFICE MANAGER MASTER'S CONSTRUCTION	100	100	

SUBTOTAL $ 2,600

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6,800
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1,212.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 8,012.99

*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

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

Statement covers period
from 3/18/12
through 5/19/12

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

I.D. NUMBER 1348562

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)
3/23/12	ROGER W. PRICE 927 DAVID ST. BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	X RAY TECHNICIAN PIONEERS MEM. HOSPITAL	100	100	
3/23/12	EDWIN OBERGFELL 2354 VERBINA WAY IMPERIAL, CA 92251	☒IND ☐COM ☐OTH ☐PTY ☐SCC	PROGRAM DIRECTOR IMPERIAL VALLEY REGIONAL OCCUPAT. PROGRAM	150	150	
3/25/12	DONALD H. GIBSON P.O. BOX 157 1196 HWY 86 EL CENTRO, CA 92243	☒IND ☐COM ☐OTH ☐PTY ☐SCC	OWNER GIBSON & SCHAEFER INC	1,000	1,000	
3/30/12	S. P. RUTHERFORD 113 S. PLAZA BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	OWNER PHIL RUTHERFORD OFFICE AND RANCHES	250	250	
4/4/12	FARMERS LANDLEVELING DBA MASTER'S CONSTRUCTION 1610 MAIN ST. BRAWLEY, CA 92227	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100	100	

SUBTOTAL $ 1,600

*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
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 3/18/12 through 5/19/12

SCHEDULE A
CALIFORNIA FORM 460

NAME OF FILER: COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER: 1345562

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)
4/17/12	MICHAEL E. MOORE SUSAN N. MOORE 916 DAVID ST. BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	PARTS MANAGER TEACHER BRAWLEY TRACTOR OAKLEY ELEM. SCHOOL	100	100	
4/17/12	GRANITE CONSTRUCTION COMPANY P.O. BOX 50085 WATSONVILLE, CA 95077	☐IND ☐COM ☒OTH ☐PTY ☐SCC		500	500	
4/18/12	SHELVIE CRITTENDON ANN CRITTENDON 370 W. K ST. BRAWLEY, CA. 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	FARMER HOUSEWIFE ECCO 550 MAIN ST BRAWLEY CA	200	200	
4/27/12	GARY L. TACKETT MARY D. TACKETT 687 S. IMPERIAL AVE BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100	100	
4/27/12	N M GRIGGS COMPANY 3636 U.S. HWY 86 BRAWLEY, CA 92227	☐IND ☐COM ☒OTH ☐PTY ☐SCC	—	200	200	

SUBTOTAL $ 1,100

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (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.) ..... TOTAL $ _____

*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

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 3/28/12
through 5/19/12

Page 7 of 11

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

I.D. NUMBER 1345562

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)
4/27/12	JACK B. HART, JR, 4425 BRANDT RD BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	150	150	
5/5/12	JOE SINGH RODRIQUEZ 102 MITCHELL RD, SUITE 102 OAK RIDGE, TN 37830	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	750	750	
5/7/12	WANDA GIBSON COUCHMAN 374 W.K. ST. BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	LEGAL SPECIALIST F CITY OF EL CENTRO	500	500	
5/9/12	RAYMOND DOWNS SR. 693 SO. RIO VISTA AVE BRAWLEY, CA 92227	☒IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100	100	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 1,500

*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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 3/18/12 through 5/19/12

SCHEDULE E
CALIFORNIA FORM 460

NAME OF FILER
COMMITTEE TO ELECT SAM COUKHAMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER
1345562

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
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
GRAFFIK INDUSTRIES, INC. 535 E STREET BRAWLEY, CA 92227	LIT	CAMPAIGN BUSINESS CARDS	328
LAMAR ADVERTIZING 1699 N. IMPERIAL AVE EL CENTRO, CA 92243	PRT	BILLBOARDS	1700
KROP RADIO 120 S. PLAZA BRAWLEY, CA 92227	RAD	RADIO ADS & PRODUCTION COSTS	550

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

SUBTOTAL $ 2,578

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 8,171.30
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 $ 8,171.30

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 3/18/12
through 5/19/12

Page 9 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER
1345562

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
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
INSTITUTE FOR SOCIO-ECONOMIC JUSTICE AND COMMUNITY DEVELOPMENT, INC. 541 MAIN ST. BRAWLEY, CA 92227	CVC	DONATION FOR COMMUNITY EVENT	250
WEST SHORES NEWS P.O. BOX B SALTON CITY, CA 92275	PRT	NEWSPAPER ADS	190
KXO RADIO 420 W. MAIN ST. ELCENTRO, CA 92243	RAD	RADIO ADS AND PRODUCTION COSTS	1140
GRAFFIK INDUSTRIES, INC. 535 E. STREET BRAWLEY, CA 92227	LIT	CAMPAIGN CARDS	1346 9
THE DESIGN SHOP 181 N. PLAZA BRAWLEY, CA 92227	CMP	BUMPER STICKERS	230 50

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

SUBTOTAL $ 1,945 19

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

Statement covers period
from 3/18/12
through 5/19/12

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER 1345562

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
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
IMPERIAL VALLEY WEEKLY 570 HOLT AVE. HOLTVILLE, CA 92250	PRT	PRINT ADS	375
IMPERIAL PRINTERS 430 W. MAIN EL CENTRO, CA 92243	CMP	YARD SIGNS	831 91
IMPERIAL PRINTERS 430 W. MAIN EL CENTRO, CA 92243	LIT	CAMPAIGN MAIL FLYERS	624 95
DESERT REVIEW P.O. BOX 1236 BRAWLEY, CA 92227	PRT	PRINT ADS ONLINE	350 00
BRAWLEY ELKS LODGE 161 S. PLAZA BRAWLEY, CA 92227	FND	FUNDRAISING EVENT	623 80

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

SUBTOTAL $ 2,805 66

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CON

Statement covers period
from 3/18/12
through 5/19/12

CALIFORNIA FORM **460**

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN ~~SUP~~ COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER 1345562

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
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 communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
IMPERIAL VALLEY PRESS 205 N. 8TH EL CENTRO, CA 92243	PRT	PRINT ADS AND ONLINE ADS	725
UNITED STATES POSTAL SERVICE 401 MAIN ST BRAWLEY, CA 92227	POS	POSTAGE AND DELIVERY	117 45

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

SUBTOTAL $ 842 45

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 5/20/12 through 6/31/12

Date of election if applicable: (Month, Day, Year) 6/5/2012

Date Stamp FILED REGISTRAR OF VOTERS JUL 31 2012 RECEIVED BY:

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

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

- [x] 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
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1345562

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

STREET ADDRESS (NO P.O. BOX)
374 W. K. STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760)351-2424

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

CITY: — STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS
sam couchman@att.net

Treasurer(s)

NAME OF TREASURER
WANDA GIBSON COUCHMAN

MAILING ADDRESS
374 W. K. STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760)351-2424

NAME OF ASSISTANT TREASURER, IF ANY
SAMMY A. COUCHMAN JR.

MAILING ADDRESS
261 W. DUARTE

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760)455-3718

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 7/31/12 (Date) By W Couchman (Signature of Treasurer or Assistant Treasurer)

Executed on 7/31/12 (Date) By Sam A Couch (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
SAM COULTHMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY SUPERVISOR DIST 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
374 W. K. ST. BRAWLEY CA 92227

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

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

Statement covers period from 5/20/12 through 6/31/12

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

I.D. NUMBER 1345562

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 350	$ 10,912.99
2. Loans Received	Schedule B, Line 3	1,400	1,400
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 1,750	$ 12,312.99
4. Nonmonetary Contributions	Schedule C, Line 3	—	—
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 1,750	$ 12,312.99

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

6. Payments Made	Schedule E, Line 4	$ 1,794.63	$ 12,177.44
7. Loans Made	Schedule H, Line 3	—	—
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1,794.63	$ 12,177.44
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	$ 1,794.63	$ 12,177.44

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 338.49
13. Cash Receipts	Column A, Line 3 above	1750.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	—
15. Cash Payments	Column A, Line 8 above	1794.63
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 293.86

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ —

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ —
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 1,400

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from 5/20/12
through 6/31/12

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

I.D. NUMBER 1345562

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)
5/21/12	SAM COUCHMAN 653 SOUTH IMPERIAL AVE BRAWLEY, CA 92227	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED BRAWLEY CITY COUNCILMAN CITY OF BRAWLEY	$200	$4,900	—
6/1/12	ROSENDO G GARCIA 417 W. allen St BRAWLEY, CA 92227	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	$100	$100	—
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 300

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 300
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 50
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 350

*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
Loans Received

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

Statement covers period from 5/20/12 through 6/31/12

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER 1345562

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SAM A. COUCHMAN 653 So Imperial Ave Brawley, CA 92227 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED BRAWLEY CITY COUNCILMAN CITY OF BRAWLEY	$ 0	$ 700	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 700 0 DATE DUE	— % RATE $ —	$ 700 5/21/12 DATE INCURRED	CALENDAR YEAR $ 5,600 PER ELECTION** $ —
SAMMY A COUCHMAN JR. 261 W. DUARTE BRAWLEY, CA 92227 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CORRECTIONAL OFFICER ~~STATE OF~~ CALIF.	$ 0	$ 700	☐ PAID $ — ☐ FORGIVEN $ —	$ 700 — DATE DUE	— % RATE $ —	$ 700 6/1/12 DATE INCURRED	CALENDAR YEAR $ 700 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 1400	$	$	$	(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1400
   (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.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 1400
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

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

Schedule E
Payments Made

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

Statement covers period
from 5/20/12
through 6/31/12

SCHEDULE E
CALIFORNIA FORM 460

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER 1345562

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
UNITED STATES POSTAL SERVICE 401 MAIN ST. BRAWLEY, CA 92227	POS	POSTAGE AND DELIVERY	409.63
IV PRESS 205 N. 8TH EL CENTRO, CA 92243	PRT	PRINT ADS	395.00
KROP RADIO 120 S. PLAZA BRAWLEY, CA 92227	RAD	RADIO ADS	100.00

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

SUBTOTAL $ 904.63

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,794.63
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 $ 1,794.63

Sched . E
(Continuation Sheet)
Payments Made

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

SCH. .E E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 5/20/12
through 6/31/12

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

I.D. NUMBER 1345562

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
IMPERIAL VALLEY WEEKLY 570 HOLT AVE HOLTVILLE, CA 92250	PRT	PRINT ADS	315.00
KROP RADIO 120 S. PLAZA BRAWLEY CA 92227	RAD	RADIO ADS	200.00
IV PRESS 205 N. 8TH EL CENTRO, CA 92243	PRT	PRINT ADS	375.00

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

SUBTOTAL $ 890.00

Recipie... Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
FILED
REGIST... OF VOTERS
JAN 31 2013
RECEIVED BY:

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/01/12
through 12/31/12

Date of election if applicable: (Month, Day, Year)
6/5/12

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

- [x] 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
- [x] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1345562

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST. 4 2012

STREET ADDRESS (NO P.O. BOX)
374 W. K. ST.

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 351-2424

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
WANDA GIBSON COUCHMAN

MAILING ADDRESS
374 W. K STREET

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 357-2424

NAME OF ASSISTANT TREASURER, IF ANY
SAMMY A COUCHMAN JR

MAILING ADDRESS
261 WEST DUARTE

CITY: BRAWLEY STATE: CA ZIP CODE: 92227 AREA CODE/PHONE: (760) 455-3718

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 01/30/13 (Date) By W S Couchman (Signature of Treasurer or Assistant Treasurer)

Executed on 1/30/13 (Date) By Sam Couch (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Schedule E
Payments Made

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

Statement covers period
from 7/01/12
through 12/31/12

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT SAM COUCHMAN COUNTY SUPERVISOR DIST 4 2012

1345562

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/video and production [illegible]
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	tx. or cable airtime and production
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
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	internet or technology [illegible]

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DESCRIPTION OF PAYMENT	
HACIENDA SCHOLARSHIP FUND 941 K ST. BRAWLEY, GA 92227	CVC	PAYMENT TO NON PROFIT SCHOLARSHIP ORGANIZATION	136.00

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

SUBTOTAL $ 136.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 136.00
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 $ 136.00