| FPPC Form 460 (January/05)  | State Measure Proponent                                   | Signature of Controlling Officeholder, Candidate, State Measure Proponent                                    | Ву   | Executed on  |
|---|---|--|--|--|
|   | state Measure Proponent                                   | Signature of Controlling Officeholder, Candidate, State Measure Proponent                                    | By .   | Executed onDate  |
|   | State Measure Proponent or Responsible Officer of Sponsor | Signatury of Treasure or Assistant Treasure of Christian Chicapather Candidate, State Measure Proponent of   | Signatur   | Executed on  |
| s is true and complete. I certify   | rein and in the attached schedule                         | owledge the information contained he   | viewing this statement and to the best of my kno<br>alifornia that the foregoing is true and correct | 4. Verification  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 the second of the State of California that the foregoing is true and correct the second of the State of California that the foregoing is true and correct the information contained herein and in the attached schedules is true and complete. I certify under the attached schedules is true and complete. I certify the information contained herein and in the attached schedules is true and complete. I certify under the information contained herein and in the attached schedules is true and complete. I certify under the information contained herein and in the attached schedules is true and complete. I certify under the information contained herein and in the attached schedules is true and complete. I certify under the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and complete. I certify the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and in the attached schedules is true and correct the information contained herein and information contained herein and informatio |
|   | NESS /  | OPTIONAL: FAX / E-MAIL ADDRESS   | 92244 (760) 604-   | OPTIONAL: FAX / E-MAIL ADDRESS   |
| DE AREA CODE/PHONE  | STATE ZIP CODE  | MAILING ADDRESS  | OR P.O. BOX  ZIP CODE AREA CODE/PHONE  | MÁILING ÁDDRESS (IF DIFFERENT) NO. AND STRÉÉT OR  POBOX 2/23  CITY  STATE Z  |
| 92243 (160) 553-02  | IF ANY  | NAME OF ASSISTANT TREASURER.   | ZIP CODE AREA CODE/PHONE 922+3   | 1744 Desert GANGENG CITY ET CENTRO CA.   |
| AREA CO   | MOSS LLW.   | CITY (740  | (errasas   | Committee to Elect Jack  |
|   | a Armenta   | NAME OF TREASURER  | ΠEE)   | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)   |
|   |   | Treasurer(s)   | 1.D. NUMBER<br>/30 28/2  | 3. Committee Information   |
|   |   |  | Officeholder Committee (Also Complete Part 7)  | <ul> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>  |
| State In en   | rio i   |  |  | Committee  |
| Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement Affach Com 105 | 000   | ☐ Free ecution Statement  ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) | Committee Controlled Sponsored   | <ul> <li>X. Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> </ul>  |
| •   |   | 2. Type of Statement:  | All Committees - Complete Parts 1, 2, 3, and 4.  | pe of Recipient Committee:   |
| 26  | RECEIVED BY:  |  | through 6/30///  | SEE INSTRUCTIONS ON REVERSE  |
| Page / of 4   | JUL 22 2011   | Date of election if applicable:<br>(Month, Day, Year)  | Statement coyers period from   | Continuent Code Continue Continuent  |
| 2001/02 460<br>FORM   | FILED<br>REGISTRAR OF VOTERS                              |  | יאָפָס ער ער ייניין אָרָסָי ער אָרָייִין אָרָסָייִין אָרָסָייִין                                     | Campaign Statement Cover Page Government Code Sections 84200-84216 5)  |
|   | Date Stamp  | ink  | Type or print in ink   | Fecipiant Committee  |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

| CITY STATE ZIP CODE AREA CODE/PHONE At  | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |                       | CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE | WITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | NAME OF TREASURER CONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  Officeholder(s) or candidate(s) for which this committee is primarily formed. | COMMITTEE NAME | OCCER OR CANDIDATE  OCCER |
|---|--|-----------------------|---|---|---|----------------|---|
| Attach continuation sheets if necessary |  |                       | <u> </u>  |   | andidate/Officehol  |                | ASURE  JURISDICTION  ER  JURISDICTION  ER  JURISDICTION  LDER, CANDIDATE, OR PROPONEN  HELD   |
| eets if necessary                       | OFFICE SOUGHT-OR HELD                          | OFFICE SOUGHT OR HELD | OFFICE SOUGHT OR HELD   | OFFICE SOUGHT OR HELD                       | der Committee List  |                | mittee  |
|   | SUPPORT  | SUPPORT               | SUPPORT OPPOSE  | SUPPORT OPPOSE                              | names of  |                | SUPPORT OPPOSE F ANY  |

# Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

| FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)                          |  | Add Line 2 + Line 9 in Column B above \$             | 19. Outstanding Debts   |
|---|--|--|---|
|   | from Lines 2, 7, and 9 (if any).   | and Outstanding Debts See instructions on reverse \$ | Cash Equivalents a 18. Cash Equivalents   |
|   | for this calendar year, only carry over the amounts  | ECEIVED Schedule B, Part 2 \$                        | 17. LOAN GUARANTEES RECEIVED  |
|   | subtracted from previous period amounts. If this is  | ement, Line 16 must be zero.                         | If this is a termination statement, Line 16   |
| reported in Column B.   | from Column B of your last report. Some amounts in Column A may be negative figures that should be | S to Cash  | 15. Cash Payments   |
| *Amounts in this section may be different from amounts                        | To calculate Column B, add amounts in Column A to the corresponding amounts                        | Column A, Line 3 above                               | 13. Cash Receipts   |
| \$  |  | nent  Previous Summary Page Line 16 \$ 1/9272        | Current Cash Statement  |
| \$  | 20507  | MADE   | 11. TOTAL EXPENDITURES MADE   |
| Date of Election Total to Date (mm/dd/yy)                                     |  | d Bills)   | <ol> <li>Accrued Expenses (Unpaid Bills)</li> <li>Nonmonetary Adjustment</li> </ol> |
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | \$ 95.69   | ENTS   | 7. Loans Made8. SUBTOTAL CASH PAYMENTS  |
| Expenditure Limit Summary for State Candidates                                | \$ 9569  | Schedule E, Line 4 \$ 9569                           | Expenditures Made 6. Payments Made  |
|   | \$   | S RECEIVED Add Lines 3 + 4 \$                        | 5. TOTAL CONTRIBUTIONS RECEIVED   |
| Received \$ \$  |  | RIBUTIONS Add Lines 1 + 2 \$                         | SUBTOTAL CASH CONTRIBUTIONS     Nonmonetary Contributions                           |
| 1/1 through 6/30 7/1 to Date  |  | Schedule B, Line 3                                   | Loans Received  |
| General Elections   |  | A  |   |
| Calendar Year Summary for Candidates  Running in Both the State Primary and   | Column B   | Commin A τοται της person                            | Contributions Received  |
| 1302812   |  | 's "Jack" Terragas                                   | NAME OF FILER TESU  |
| 6/30/11 Page 3 of 4   | through _  |  | SEE INSTRUCTIONS ON REVERSE   |
| Statement covers period CALIFORNIA 460  | fro  | Amounts may be rounded to whole dollars.             | Summary Page  |

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

NAME OF FILER

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

Statement covers period

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CALIFORNIA FORM SCHEDULE E (CONT.)

I.D. NUMBER / みいり タ/ フ

Page \_\_

| * Payments that are contributions or independent expenditures must also be summarized on Schedule D |  |  | National Pen Co<br>POBOX 55000<br>Detroit M: 48255-2745 | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODES: If one of the following codes accurately describes the payment, yout may enter the code.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRO professional services (legal, accounting)  PRO print ads  | Jesus Jack Terra |
|---|--|--|---|---|--|------------------|
| nedule D.   |  |  | CMP   | CODE OR   | may enter ilications pearances gg gy research y and messen vices (legal, a   | 325              |
| SUBTOTALS   |  |  | Yens  | DESCRIPTION OF PAYMENT  | the code. Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  IL t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor counting)  VOT voter registration  VMEB information technology costs (internet, e-mail)  | I.D              |
| TAL \$  |  |  | -0  | AM  | s n costs als meals the same car the same ca | 1302812          |
| 1950  |  |  | 95.69   | AMOUNT PAID   | rdid ate/sponsor   | 8/2              |

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| Ne Measure Proponent FPPC Form 460 (January)  | Signature of Controlling Officeholder, Candidate, State Measure Proponent  | Ву  | Executed onDate  |
|---|--|---|--|
| ider, Candidate, State Measure Proponent  | Signature of Controlling Officeholder, Candidate, State  | By  | Executed on  |
| upper Treasurer or Assistant Treasurer Carbidate, State Measure Proponent or Responsible Officer of Sponsor   | ist of my knowledge the information contained herein and correct.  | California that the foregoing is true and correct.  By  Signature decorrence.  By  Signature decorrence.  By                    | 4. Verification  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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  By  By  Signature d Controlling Officyholder, Lankicate. |
| STATE ZIP CODE AREA CODE/PHONI  | MAILING ADDRESS  CITY  OPTIONAL: FAX / E-MAIL ADDRESS  | OR P.O. BOX  ZIP CODE AREA CODE/PHONE  92244 (760) 604-  3863   | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF THE STATE OF TIONAL: FAX / E-MAIL ADDRESS   |
| SS AV.  STATE ZIP CODE AREA CODE/PHONI  AREA CODE/PHONI | MAILING ADDRESS 1740 ROSS A CITY E/COMPO NAME OF ASSISTANT TREASURER, IF ANY                                       | Jack Jerrages  15 Dr. (760) 337-1921  ZIP CODE AREA CODE/PHONE  92243   | Committee to Elect  STREET ADDRESS (NO P.O. BOX)  1744 Desart Gurdo  CITY  STATE   |
| V ma att  | Treasurer(s)   | 1.D. NUMBER 130 2812<br>MITTEE)   | 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)   |
| SW)   | Amenament (Explain below)  | Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)   | <ul> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>   |
| ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495  | 2. Type of Statement:  Preelection Statement  Statement  Termination Statement  (Also file a Form 410 Termination) | ees - Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee O Controlled O Sponsored Otico Complete Part 6) | 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4  Officeholder, Candidate Controlled Committee  O State Candidate Election Committee  O Recall  (Also Complete Part 5)  (Also Complete Part 5)   |
| RECEIVED BY:  |  | through 12/3/1/   | SEE INSTRUCTIONS ON REVERSE  |
| JAN 17 2012 Page of S   | Date of election if applicable:<br>(Month, Day, Year)  | Statement covers period from  | (Government Code Sections 84200-84216.5)   |
| CALIFORNIA 460 FILED FORM   | ık.  | Type or print in lnk.   | Recipient Committee<br>Campaign Statement<br>Cover Page  |
| COVER PAGE  |  |   |  |

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

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|---|---|-----------------------------------|-----------------------------------|--|--|---|--|--|--|---------------------|
| CITY STATE ZIP CODE                     | NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | COMMITTEE NAME                    | CITY STATE ZIP CODE               | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | COMMITTEE NAME  NAME OF TREASURER  | 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 (N.D. AND STREET) CITY STATE ZIP  1744 Dayert Gurdens Dr. El Cantro (22243)                             | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |  | Cover Page — Part 2 |
|   | CONTROLLED COMMITTEE?  YES NO  NO                                 |                                   |                                   |  | I.D. NUMBER  CONTROLLED COMMITTEE?  YES \( \square\) NO  | are primarily i<br>idacy.   | Cantre   | RUMBER IF AP   | ee   |                     |
| AREA CODE/PHONE                         | COMMITTEE?  |                                   | AREA CODE/PHONE                   |  |  | any commutees formed to receive   | STATE ZIP  | PLICABLE)  |  |                     |
| Attach continuation sheets if necessary | NAME OF OFFICEHOLDER OR CANDIDATE                                 | NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF OFFICEHOLDER OR CÂNDIDATE | 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 JURISDICTION  | 6. Primarily Formed Ballot Measure Committee |                     |
| n sheets if ne                          | OFFICE SOUGHT OR HELD   | OFFICE SOUGHT OR HELD             | OFFICE SOUGHT OR HELD             | OFFICE SOUGHT OR HELD                          | holder Cor   |   | Indate, or state   |  | ommittee                                     | !                   |
| cessary                                 | NT OR HELD  | HT OR HELD                        | HT OR HELD                        | HT OR HELD                                     | nmittee List   | DISTRICTUO. IF ANY  | te measure pi  |  |  | Page 2              |
|   | SUPPORT   | SUPPORT OPPOSE                    | SUPPORT OPPOSE                    | SUPPORT OPPOSE                                 | t names of   | ANY   | roponent, if any   | SUPPORT  |  | of S                |

## Campaign Disclosure Statement Summary Page

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

| 3/0/// | Statement covers period |              |
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| FORM   | CALIFORNIA              | SUI          |
| 100    | 180                     | SUMMARY PAGE |

through 12 from Page 3 I.D. NUMBER 1302812 <u>o</u>

| Revious Summary Page, Line 16 \$ 10 1 1 Column A, Line 3 above  ash Schedule I, Line 4 Schedule I, Line 4 Column A, Line 8 above  Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6 7 8 .01  Line 16 must be zero.  ED Schedule B, Part 2 \$  utstanding Debts  See instructions on reverse \$  | Current Cash Statement | Contributions Received  Column A  Contributions Received  Column A  TOTAL THIS PERIOD  FROMATTACHED SCHEDULES)  COLUMN A  COLU |
|--|------------------------|--|
| 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). |                        | Column B CALENDAR YEAR TOTAL TO DATE  S S S S S S S S S S S S S S S S S S  |
| *Amounts in this section may be different from amounts reported in Column B.  FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)   | \$                     | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30  20. Contributions Received \$\$  21. Expenditures Made \$\$  Expenditure Limit Summary for State  Candidates  22. Cumulative Expenditures Made* ((FSubject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$\$  |

#### Payments Made Schedule E

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

from Statement covers period

**CALIFORNIA** 

SCHEDULE

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

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Page I.D. NUMBER 1302

through

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

CV C CHB civic donations campaign paraphernalia/misc contribution (explain nonmonetary)\* campaign consultants member communications meetings and appearances office expenses petition circulating EL SAL campaign workers' salaries returned contributions radio airtime and production costs

phone banks

R R R professional services (legal, accounting) postage, delivery and messenger services polling and survey research

print ads

크린오림

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)\*

campaign literature and mailings

legal defense fundraising events

> う작광광 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 airtime and production costs

information technology costs (internet, e-mail)

| Coatwrights                | El Centro Chamber of Commerce | MANA      | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER ID, NUMBER) |
|----------------------------|-------------------------------|-----------|--|
| MTG                        | MTG                           | PRT       | CODE OR  |
| Choistmas Holiday Meetings | Pavale entry                  | frint Ad. | R DESCRIPTION OF PAYMENT   |
| 131.02                     | 100 %                         | /00 8     | AMOUNT PAID  |

## Schedule E Summary

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

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

SUBTOTAL \$

33)02

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

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#### Pay Schedule E (Continuation Sheet)

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Amounts may be rounded to whole dollars.

Statement coyers period 7/01/11

SCHEDULE E (CONT.)

CALIFORNIA

| JED ( Innum/OE)      |   |  |
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| \$ 8800              | SUBTOTAL \$   | *Payments that are contributions or independent expenditures must also be summarized on Schedule D.  |
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| 8                    | tostage   | El Cantro Ca 92243   |
| 0000                 |   | US Postal Sixuice  |
| AMOUNT PAID          | DESCRIPTION OF PAYMENT  | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR  |
| ne candidate/sponsor | the code. Otherwise, describe the payment.  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 transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail) | CODES: If one of the following codes accurately describes the payment, you may enter the code. Compaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CYC civic donations  CYC civic donations  CYC civic donations  FIL candidate filing/ballot fees  FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings  ND independent expenditure supporting/opposing others (explain)*  POS postage, delivery and messenger services (legal, accounting)  PRT print ads |
| 1302812              |   | NAME OF FILER Desus "Jack" Terrazas  |
| 9 5                  | 31/11   | SEE INSTRUCTIONS ON REVERSE  |
| 100                  | 7/01/1/ FORM  | to whole dollars.  |

| A. Verification  Thave 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. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  CITY  STATE ZIP CODE AREA  AREA  CITY  CONTROLL FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS | Officeholder, Candidate Controlled Committee: State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Small Contributor Committee Political Party/Central Committee (Also Complete Part 7)  Committee Also Complete Part 7) | ampa<br>ampa<br>overnmu<br>E INSTRI   |
|--|--|--|---|
| Ind to the best of my knowledge the information contained herein and in the attached sched is true and confect.  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  FPPC Trull-Free L   | NAME OF TREASURER  MAILING ADDRESS  CODE/PHONE  CITY  MAILING ADDRESS  NAME OF ASSISTANT TREASURER, IF ANY  CODE/PHONE  CODE/PHONE  CITY  OPTIONAL: FAX / E-MAIL ADDRESS   | 2. Type of Statement:  | ent covers period Date of election if applicable: IAR 19 AM (Month, Day Year) 2012 Received   |
| e attached schedules is true and complete. I certify  which is the Company of the | THE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE   | <ul> <li>☐ Quarterly Stalement</li> <li>☐ Special Odd-Year Report</li> <li>☐ Supplemental Preelection</li> <li>Statement - Attach Form 495</li> </ul>  | COVER PAGE CALIFORNIA 460  AM 9: 22  Page of  Page of |

FPPC Form 460 (January/05) PPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Type or print in ink.

| COMMITTEE ADDRESS                       | NAME OF EXPANDING                 | COMMITTEENAME                     |                                   | COMMITTEE ADDRESS                 | NAME OF TREASURER   | COMMITTEENAME | not included in this sta   | Related Committe                                   | RESIDENTIAL BUSINESS  | OFFICE SOUGHT OR HE                | NAME OF OFFICEHOLDER OR CANDIDATE                        | 5. Officeholder or Ca                          |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|---------------|--|--|---|------------------------------------|--|--|
| STATE ZIP CODE AREA CODE/PHONE          | STREET ADDRESS (NO P.O. BOX)      | I.D. NUMBER                       | SIAIE (IF CODE AREA CODE/PHONE    | (NO P.O. BOX)                     | CONTROLLED COMMITTEE?   | LO. NOMBER    | 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 Committees Not Included in this Statement: | ESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP                           | IMPERIAL COUNTY SWEEVISOR, DIST 2, | NAME OF OFFICEHOLDER OR CANDIDATE  Jesus "Jack" Jeyrazas | Officeholder or Candidate Controlled Committee |
| Attach continuatio                      | NAME OF OFFICEHOLDER OR CANDIDATE | <ol> <li>Frimarily Formed Candidate/Officeholder Committee List names of<br/>officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol> |               | OFFICE SOUGHT OR HELD  | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT      | Identify the controlling officeholder, candidate, or state measure proponent, if any. | BALLOT NO. OR LETTER JURISDICTION  | NAME OF BALLOT MEASURE                                   | 6. Primarily Formed Ballot Measure Committee   |
| Attach continuation sheets If necessary | OFFICE SOUGHT OR HELD             | enoider Committee List is committee is primarily formed.  |               | DISŤRICT NO, IF ANY  | DPONENT  | didate, or state measure pro  |                                    |  | Committee                                      |
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### Summary Page ©ampaign Disclosure Statement

Contributions Received

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SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

CALIFORNIA FORM

SUMMARY PAGE

Cash Equivalents and Outstanding Debts 5. Cash Payments ..... 3. Cash Receipts ..... 9. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above 6. ENDING CASHBALANCE ...... Add Lines 12 + 13 + 14, then subtract Line 15 4. Miscellaneous Increases to Cash..... O. Nonmonetary Adjustment ...... Schedule C, Line 3 Monetary Contributions ..... SUBTOTAL CASH PAYMENTS ..... Loans Made..... Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Loans Received ..... If this is a termination statement, Line 16 must be zero 9 כלר Previous Summary Page, Line 16 ...... Add Lines 3 + 4 See instructions on reverse Column A, Line 3 above Column A, Line 8 above Schedule A, Line 3 Schedule H. Line 3 Schedule E, Line 4 Schedule C, Line 3 Schedule B, Line 3 Schedule B. Schedule I, Line 4 Add Lines 1 + 2 Add Lines 6 + 7 CYYCHAN Part 2 49 69 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 1000 T Column A 4000 のつのと 200  $\mathcal{C}$ 3538. φ \_ نن した。  $\mathcal{Z}_{\mathcal{C}}$ φ 9 W Φ ψ Ω 0 24 7 ٢ any). figures that should be from Column B of your last corresponding amounts amounts in Column A to the carry over the amounts for this calendar year, only period amounts. If this is subtracted from previous Column A may be negative report. Some amounts in To calculate Column B, add from Lines 2, 7, and 9 (if the first report being filed 4000 000h CALENDAR YEAR TOTAL TO DATE 000 Column B from through Candidates 21. Expenditures **General Elections** Expenditure Limit Summary for State Running in Both the State Primary and Calendar Year Summary for Candidates reported in Column B. \*Amounts in this section may be different from amounts Contributions FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Received Date of Election (mm/dd/yy) N 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 Page . I.D. NUMBER 60 Č N Total to Date 7/1 to Date 9 00)

Expenditures Made

Payments Made .....

Nonmonetary Contributions ..... SUBTOTAL CASH CONTRIBUTIONS

TOTAL CONTRIBUTIONS RECEIVED

Current Cash Statement

2. Beginning Cash Balance .....

18. Cash Equivalents.....

7. LOAN GUARANTEES RECEIVED

### Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

CRRAYZAS Type or print in ink.
Amounts may be rounded to whole dollars. through 3 -1 7-12 Statement covers period Page \_\_ FORM 460 I.D. NUMBER 1302812 SCHEDULE A (CONT.) t 9

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|-------------|---------------------|--------------------|-----------|--------------------|-------------------|------------|--------------------|-----------------|-----------------|-------------------|----------------|-------------------|-------------------|------------------|------------------|---|---|
|             |                     |                    | 2///2     |                    | 1/0/10            | ``         |                    | 711011          | ,               |                   | 4/6/12         |                   |                   | ~~~              | 1/09/17          | RECEIVED  | DATE  |
|             | El Centro, Ca 92243 | 1099 Jacawanda Dr. |           | El Cantro Ca 92243 | 'n                | Les Rosers | El Canto, Co 92243 | 760 w. Main St. | Norman E. Brown | Ellentro la 92243 | 1461 State St. | Dr. N. PATEL      | El Conto, 6 92243 | 1616 Ocotilo Ox. | Sergio S. Servin | (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR |
|             | SCC                 |                    |           | □scc               | ][<br>]<br>]<br>] |            | □scc               |                 |                 | Scc               | HEO            | □ <b>⊠</b><br>CoM | Scc               | HIOH             | COM              | CODE *  | CONTRIBUTOR   |
| \$UBTOTAL\$ |                     | 6,                 | I.V. Sign | Nissan             | Kusers            | Rosers and | Savices            | Secustry        | Desert          | institute         | Desatt Eye     | NHIOSPHY          |                   | Dept of Irans.   | Inspector        | OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS) | IF AN INDIVIDUAL, ENTER   |
|             |                     | 10000              | ,         |                    | 100               |            |                    | 1000            |                 |                   | 3,00/          | :                 |                   | 0000             | <i>y</i>         | PERIOD  | AMOUNT  |
| 1800 -      |                     | 10000              |           |                    | 100 05            |            | ()                 | 10/1/ sz        |                 |                   | /00 %          | ,                 | ı                 | 500%             |                  | CALENDAR YEAR<br>(JAN, 1 - DEC. 31)                               | CUMULATIVE TO DATE  |
|             |                     |                    |           |                    |                   |            |                    |                 |                 |                   |                |                   |                   |                  |                  | (IF REQUIRED)   | PER ELECTION  |

\*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

### **Monetary Contributions Received** Schedule A (Continuation Sheet)

NAME OF FILER

SUSSI Jack INDEADAS Type or print in ink.
Amounts may be rounded to whole dollars. through\_ Statement covers period 01-01-12 Page 5 CALIFORNIA I.D. NUMBER FORM 1302812 SCHEDULE A (CONT.) 0

|  | 21/21/2  | 15,   | 2/11/12   | 2/11/12  | 11/2   | RECL  |
|--|--|---|---|--|--|---|
|  | /12  | 2/15/12   | 12  | 12   | 2/11/12  | DATE<br>RECEIVED  |
|  | Sal . Rose Musions<br>1626 Ocotillo Dr<br>El Cantro Ca 92243 | Dr. P.B. Singh<br>2061 Ross Au<br>Ellandra, Ca. 92243 | V. Kaye Valvi<br>1531 Holton.<br>El Centro Co 92243 | William R. Flourd<br>2223 Papper Dr.<br>El Contro C. 92243 | Alam Pace<br>78790 Samita Dr.<br>La Quinta, Ca 92253 | CODE OF CONTRIBUTOR   |
|  | OSCC ON SCOOM  | DD DO D              | SCC SCC   | DSCC SCC   | ⊠IND<br>□COM<br>□PTY<br>□SCC                         | CONTRIBUTOR<br>CODE *   |
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| 1050-  | 10000  | 100 00  | 500 %   | 25000  | /00 oc   | AMOUNT<br>RECEIVED THIS<br>PERIOD   |
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| A Particular of the Control of the C |  |   |   |  |  | PER ELECTION TODATE (IF REQUIRED)   |

\*Contributor Codes

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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

### **Monetary Contributions Received** Schedule A (Continuation Sheet)

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

Statement covers period 01-01-12

from.

CALIFORNIA FORM SCHEDULE A (CONT.)

|                          |                                     | SUBTOTALS JOSO -        | SUBTOTAL  |                        |  |               |
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|                          |                                     | 25000                   | Public CHicaris   |                        | Escondido, La 92025                                  | 7             |
|                          |                                     |                         | Regional Dirator  |                        | Laura McDonald-Kammski                               | 3/8/17        |
|                          |                                     | Ĉ.                      | Consultants   | □scc                   | Elicontro Ce 9243                                    |               |
|                          | ×                                   | رامم مد <sub>ق</sub>    | Landmark  | DDDD<br>PTY<br>TY<br>M | Jeff Lyon 4th St                                     | 2 24 12       |
|                          |                                     | (                       | Insuvence, Inc  | □scc                   |  | -             |
|                          |                                     | 100 %                   | wes-t   | HIO H                  |  | 21/12/2       |
|                          |                                     |                         | David H.  |                        | David H. W   |               |
|                          |                                     |                         |   | □scc                   | El Constro Ca 92243                                  |               |
|                          |                                     | 100,                    | 1018 CC)  | □ C                    | 1740 Ross Cw.  | 417/12        |
|                          |                                     | ) ) OO                  |   | COM                    | alicia M. armonta                                    | 7             |
|                          |                                     |                         | and and .   | □scc                   | Los Censelos, Ca 9000 4                              |               |
|                          |                                     | 500 00                  | Scharter  | OTH M                  | 1  | 2/17/12       |
|                          |                                     |                         |   | ONE                    | Tames No Neal  |               |
| TO DATE<br>(IF REQUIRED) | CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | RECEIVED THIS<br>PERIOD | OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) | CODE *                 | (IF COMMITTEE, ALSO ENTER ID, NUMBER)                | RECEIVED      |
| PER ELECTION             | CUMULATIVE TO DATE                  | AMOUNT                  | IF AN INDIVIDUAL ENTER  |                        | FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR |               |
| 1302812                  |                                     |                         |   | Sa                     | Sesus "Jack" Terrajas                                | 1 4           |
| DNIMBER                  | +                                   |                         |   |                        |  | NAME OF FILER |
| 6 % 3                    | 7-12 Page                           | through 3-17-12-        | •   |                        |  |               |

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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

| Type or print in ink Amounts may be rounded to whole dollars.  CODE OF CONTRIBUTOR CONTRIBUTOR CODE *  CODE OF CONTRIBUTOR CODE *  CODE OF CONTRIBUTOR CODE *  CODE OF CONTRIBUTOR CODE *  CODE *  CODE OF CONTRIBUTOR COD |          |                      |         |                    |      | Crosy Gu<br>776 Cent<br>El Centro   | DATE FULL NAME, STREET ADD   | Jesus     | NAME OF SERVICE | Schedule A (Continuation Sheet) Monetary Contributions Received |
|--|----------|----------------------|---------|--------------------|------|-------------------------------------|--|-----------|-----------------|---|
| Type or print in ink.  Amounts may be rounded to whole dollars.   TO WCL 2 CLS  VCL 2 CLS  IF AN INDIVIDUAL, ENTER CONTRIBUTOR COCCUPATION AND EMPLOYER PERIOD  IF SELE-EMPLOYER PERIOD  INDIVIDUAL SALES AND AND SALES AND  |          |                      |         |                    |      | 92243                               | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR                                      | Jack " Te |                 | n Sheet)<br>Received  |
| Statement covers from  |          | DSCC<br>OPTY<br>MOON | DOTH NO | SCC<br>DOTH<br>COM | OSCC | DSCC DSCC                           |  | raza      |                 | Type or prin<br>Amounts may t<br>to whole d                     |
| Statement covers from 0/0/0/01  AMOUNT RECEIVED THIS PERIOD  100 00  | SUBTOTAL | and the second       |         |                    | ***  | Accor MGA<br>HOCHNSON<br>Bloodycood | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | V         |                 | e rounded Slars.  |
| CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.   | \$ 100   |                      |         |                    |      | 20 00)                              | AMOUNT<br>RECEIVED THIS<br>PERIOD  |           |                 | Statement cov.  |
|  |          |                      |         |                    |      |                                     | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)  |           |                 |   |

### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1

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

from

through \_ Statement covers period 0 Page FORM 460 I.D. NUMBER 00 o<u>f</u> SCHEDULEE 9

| Jesus Sach Terrovas  |  | L.D. NUMBER   | NONEX<br>NOMBEX                    |
|--|--|---|------------------------------------|
| DES: If one of the following codes accurately describes  | may enter  |   |                                    |
| camp<br>camp<br>contri   | ounications<br>appearances<br>es<br>es   | RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs | ,                                  |
| candidate filing/ballot fees PHO fundraising events POL independent expenditure supporting/opposing others (explain)* POS legal defense campaign literature and mailings PRT | phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | ŭ,  | s<br>me candidate/sponsor<br>mail) |
| NAME AND ADDRESS OF PAYEE (IF COMMTTEE, ALSO ENTER LD. NUMBER)   | CODE OR  | DESCRIPTION OF PAYMENT  | AMOUNT PAID                        |
| Imperial frinters 430 Main St 61 Contro Ca 92243   | 1:11   | Printed Down Houseurs   | 12951                              |
| Co. E. Dept  | Fi.  | tiling Statement for<br>Ballot  | 300 00                             |
| Imperial Co Elections Dept<br>940 w. Main St<br>El Captro Co 92243   | Fi (   | tiling fees   | 523°°                              |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule  | ırized on Sch  | D.  | SUBTOTALS 97974                    |
| Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)   |  | €   | 113624                             |
| Unitemized payments made this period of under \$100 Schedule B. Bart 1. Column (2)   |  |   | P                                  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)   | e Summary  | Page, Column A, Line 6.) <b>TOTAL \$</b>  | 1139.24                            |

### Payments Made Schedule E

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

Statement covers period

SEE INSTRUCTIONS ON REVERSE

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from through 7 Page \_\_\_ I.D. NUMBER 1302812

|                   |   |   | Schedule E Summary   |
|-------------------|---|---|--|
| in 09/            | chedule D. SUBTOTAL\$   | arized on Sc  | * Payments that are contributions or independent expenditures must also be summarized on Schedule D.   |
|                   |   |   |  |
| 10000             | Print ad  | 2+  | Hober Sacred Heart<br>Hober (a 92249   |
| 6000              | Cost to present pregram   | Wto.  | 707 Dool Qv.   |
| AMOUNT PAID       | R DESCRIPTION OF PAYMENT  | CODE OR   | NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER I.D. NUMBER)   |
| candidate/sponsor | yment, you may enter the code. Otherwise, describe the payment.  RAD radio airlime and production costs meetings and appearances office expenses petition circulating phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  Print ads  RAD radio airlime and production costs FRC campaign workers' salaries TRL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail) | ayment, you may enter the code. 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 | 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 contribution (explain nonmonetary)*  Condidate filing/ballot fees  FIL candidate filing/ballot fees  FIL t. v. or cable airline and periting and survey research  FIR phone banks  FIL t. v. or cable airline and phoduct  FIR candidate travel, lodging, staff/spouse travel, lodging, staff/spo |

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

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| EDDC Form A60 (January/05)                           | tate Measure Proponent   | Signature of Controlling Officeholder, Candidate, State Measure Proponent  | Ву   | Executed on   |
|--|--|--|--|---|
| •  | Candidate, State Measure Proponent   | Signature of Controlling Officeholder, Candidate, S  | Ву   | Executed on   |
| s is true and complete. I cerify                     | tained herein and in the attached schedule.  When the standard of Assistant Treasurer  Measure Proponent of Responsible Officer of Sponsor | ist of my knowledge the information contained her d correct.  A Signature of Conformation Contained her signature of Conformation Confo | ng this statement and to the best of my kno ia that the foregoing is true and correct.  By                 | 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 |
| DE AREA CODE/PHONE                                   | STATE ZIP CODE   | CITY  OPTIONAL: FAX / E-MAIL ADDRESS   | AREA CODE/PHONE  | 1   |
| DE AREA CODE/PHONE                                   | RUSS AVE.  SINTE ZIP CODE  CONTO CO G1243  TREASURER, IF ANY   | CITY $\mathcal{E}_{NAME OF ASSISTANT}$ MAILING ADDRESS   | )r.  ODE AREA CODE/PHONE 43 (760) 604-3863  BOX  | STREET ADDRESS (NO P.O. BOX)  STREET ADDRESS (NO P.O. BOX)  1744 DESENT GANDENS Dr.  CITY  El Centro  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  |
|  | Armenta  | NAME OF TREASURER  NAME OF TREASURER  NAILING ADDRESS  | E Terrazas   | MMITTE<br>Jac   |
| Supplemental Preelection Statement - Attach Form 495 | ation)   | (Also file a Form 410 Termination)  Amendment (Explain below)  | Sponsored (Also Complete Part 6) Primarity Formed Candidate/ Officeholder Committee (Also Complete Part 7) | (Also Complete Part 5)  General Purpose Committee  Sponsored Small Contributor Committee Political Party/Central Committee  |
| Quarterly Statement<br>Special Odd-Year Report       | ☐ Quarle   | 2. Type of Statement:  X Preelection Statement  Semi-annual Statement  | Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee                                 | ecipient Committee: All Committees - Cer, Candidate Controlled Committee  |
| For Official Use Only                                | RECEIVED BY:   | 6-5-12   | 5-19   | SEE INSTRUCTIONS ON REVERSE   |
| Page ( of (  |  | Date of election if applicable:<br>(Month, Day, Year)  | Statement covers period  | (Openilliciti openiona pazopoaz isto)   |
| CALIFORNIA <b>460</b> 2001/02 FORM                   | Date Stamp FILED REGISTRAR OF VOTERS   |  | Type or print in ink   | Recipient Committee Campaign Statement Cover Page   |

Signature of Controlling Officeholder, Candidate, State Measure Proponent ponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

|                   | Attach continuation sheets if necessary              | Attach continuation  | ZIP CODE AREA CODE/PHONE  | STATE ZIF   | CITY   |
|-------------------|--|--|---|---|--|
| SUPPORT           | OFFICE SOUGHT OR HELD                                | NAME OF OFFICEHOLDER OR CANDIDATE  | ☐ YES ☐ NO  | STREET ADDRESS (NO P.O. BOX)  | COMMITTEE ADDRESS  |
| SUPPORT OPPOSE    | OFFICE SOUGHT OR HELD                                | NAME OF OFFICEHOLDER OR CANDIDATE  | CONTROLLED  |   |  |
| SUPPORT OPPOSE    | OFFICE SOUGHT OR HELD                                | NAME OF OFFICEHOLDER OR CANDIDATE  | ZIP CODE AREA CODE/PHONE  | STATE ZIP   | COMMITTEE NAME   |
| SUPPORT OPPOSE    | OFFICE SOUGHT OR HELD                                | NAME OF OFFICEHOLDER OR CANDIDATE  |   | (NO   | COMMITTEE ADDRESS  |
| names of          | holder Committee List committee is primarily formed. | 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. | CONTROLLED COMMITTEE?   |   | NAME OF TREASURER  |
|                   |  |  | I.D. NUMBER   |   | COMMITTEENAME  |
| ANY               | DISTRICT NO. IF ANY                                  | OFFICE SOUGHT OR HELD  | 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 Committees Not Included in this Statemer not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy. | Related Committ not included in this s contributions or make |
| pponent, if any.  | idate, or state measure pro                          | Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT             | RESIDENTIALIBUSINESS ADDRESS (MO. AND STREET) CITY STATE ZIP  1744 Desort Condons Dr. El Curro a 92243  | is address (NO. AND STREET) Out Conclans (DV.   | RESIDENTIALBUSINES   |
| SUPPORT<br>OPPOSE |  | BALLOT NO. OR LETTER JURISDICTION  | RICT NUMBER IF APPLICABLE)  | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  | OFFICE SOUGHT OR H   |
|                   |  | NAME OF BALLOT MEASURE   | erroza s  | DER OR CANDIDATE  | NAME OF OFFICEHOLDER OR CANDIDATE                            |
|                   | ommittee   | 6. Primarily Formed Ballot Measure Committee   | mittee  | Officeholder or Candidate Controlled Committee  | 5. Officeholder or 0   |
|                   |  |  |   |   |  |

### Summary Page **Campaign Disclosure Statement**

Type or print in ink.

SUMMARY PAGE

| Summary Page  SEE INSTRUCTIONS ON REVERSE         | to whole dollars.   | fro   | vers period $-\frac{7}{2}$  | FORM 460 FORM 6   |  |
|---|---|---|---|---|--|
| NAME OF FILER                                     |   |   |   | 130 28/2  |  |
| Contributions Received  1. Monetary Contributions | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)  749  749  749  749 | Column B  CALENDAR YEAR TOTAL TODATE  # 4749 -  # 4749 -  # 4749 -  # 5 - 4749 -  # 5 - 4749 -  # 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 | 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 \$ \$ | the State Primary and 1/1 htrough 6/30 7/1 to Date  |  |
| Expenditures Made  6. Payments Made               | \$ 570-   | \$ 170924   | Expenditure Limit Summary for State Candidates  | ummary for State  |  |
| SUBTOTAL CASH PAYMENTS                            | \$ 570-   | \$ 1709.24  | 22. Cumulative (If Subject to W   | 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nm/dd/yy) |  |
| latement lalance                                  | \$ 353877   | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in          | *Amounts in this section ma   | *Amounts in this section may be different from amounts reported in Column B.                                      |  |
| 15. Cash Payments Column A, Line 8 above          | 10/0  | Column A may be negative  | 3   |   |  |

Ģ 4. ယ 'n

18. Cash Equivalents ..... Cash Equivalents and Outstanding Debts See instructions on reverse

19. Outstanding Debts .....

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2

69

1/4

for this calendar year, only from Lines 2, 7, and 9 (if carry over the amounts the first report being filed 16. ENDING CASH BALANCE ...... Add Lines 12 + 13 + 14, then subtract Line 15

49

3/1/.//

figures that should be subtracted from previous period amounts. If this is

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

Add Line 2 + Line 9 in Column B above €9  $| \phi |$ φ

any).

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

### Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

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

through 5-19-12 Statement covers period 3-18-12 CALIFORNIA SCHEDULE A

|            |         |         |           | 5/1/12  | 5/1/12  | DATE<br>RECEIVED  | לאשה Or דורת א        |
|------------|---------|---------|-----------|---|---|---|-----------------------|
|            |         |         |           | Dr. Hasnat alfrined<br>7432 La Matanza<br>Sambiège Ca 92127 | John Corcoran<br>430 Pan amorican St<br>Calexico, Q. 9231 | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * | Jesus "Jack" Terragas |
|            | SCC SCC | SCC SCC | SCC STATE | OSCC PTY H M  | OSC ON THE SECOND   | CONTRIBUTOR<br>CODE *   | SAS                   |
| SUBTOTAL\$ |         |         |           | Cincology and<br>Homotology of<br>Imperial Valley           | Aggregate Products Manhole, Inc.                          | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)                      |                       |
|            |         |         |           | 500-  | 249 -   | AMOUNT<br>RECEIVED THIS<br>PERIOD   |                       |
|            |         |         |           | 500 -   | 249-  | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31)   | /3×                   |
|            |         |         |           |   |   | PER ELECTION<br>TODATE<br>(IF REQUIRED)   | 1302812               |

### 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 ......\$

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

### Schedule E Payments Made

Type or print in ink.
Amounts may be rounded

Statement covers period

CALIFORNIA 460

| to Wh   | to whole dollars.   | from 3-18-12  | FORM                                    |
|---|---|---|---|
| SEE INSTRUCTIONS ON REVERSE   |   | through 5-19-12 Page -  | 5 of 6                                  |
| NAME OF FILER Jesus "Jack" Terrazas   | 395   | 1.D. NUMBER<br>13028  | 1302812                                 |
| odes accurately describes the pa  | ayment, you may enter the code. O member communications meetings and appearances  | therwise, describe the payment.  RAD radio airtime and production costs  RFD returned contributions |   |
| contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  legal defense campaign literature and mailings  OFC  PET  PHO  fundraising events POS  POS  PRO  CAMPAGINE PRO  CAMPAGIN  PRO | office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | ~ `   | its<br>ame candidate/sponsor<br>e-mail) |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE OR   | DESCRIPTION OF PAYMENT  | AMOUNT PAID                             |
|   |   |   |   |
|   |   | 5   |   |
|   |   |   |   |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  | ummarized on Schedule D.  | SUBTOTAL\$  | 4                                       |
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  |   | <del>с</del> я  | 570-                                    |
| 2. Unitemized payments made this period of under \$100  |   |   | Þ                                       |
|   | art 1, Column (e).)   | \$\$  | 4                                       |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)  | on the Summary Page, Colum  | n A, Line 6.) <b>TOTAL \$</b>   | 5/0-                                    |

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

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

SCHEDULE E (CONT.)

| FPDC Form 460 ( January)05)            | EDDGE   |   |
|--|---|---|
|  | SUBTOTAL \$   | * Payments that are contributions or independent expenditures must also be summarized on Schedule D.  |
|  |   |   |
| 70 -                                   | Donation  | 5/7 1256 BROADWAY AV. EL CENTRO, G. 92243 CVC   |
| 50 -                                   | Donatión  | 4/20 E.C. E.S. Dist toundation ELCENTRO (A 92243  |
| 25040                                  | fundraising Event   | 4/9 Del Ria C.C.  POBOX 38  CVC  BRAWLEY , CA 92227  CVC  |
| 20000                                  | Donation  | 3/,8 Hebee School DISTRICT - CHESS TEAM CVC<br>1052 HEBER AV.<br>HEBER (A 92249   |
| AMOUNT PAID                            | R DESCRIPTION OF PAYMENT  | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)  CODE OR  |
| ts<br>ime candidate/sponsor<br>e-mail) | tter the code. Otherwise, describe the payment.  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  Staff/spouse travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail) | CODES: If one of the following codes accurately describes the payment, you may enter the code.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings  MBR member communications  MTG meetings and appearances  OFC office expenses  FET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRO professional services (legal, accounting)  PRO professional services (legal, accounting) |
| 1302812                                | I.D. NUMBER   | NAME OF FILER  SESUS  JACK ERRALAS  |
| FORM 460                               | Statement covers period CALIF from $\frac{3/18/12}{\text{through}}$ FO  | (Continuation Sheet)  Payments Made  to whole dollars.  SEE INSTRUCTIONS ON REVERSE   |
|  |   |   |

| Verification Verif | st of my knowledge the information contained herein and in the attached sched correct.  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent  | g this statement and to the best of my kno a that the foregoing is true and correct.  By  Signaluy (J.Con  By  Signaluy (J.Con  By  By  Signaluy (J.Con  By  Signaluy (J.Con  By  By | 4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of munder penalty of perjury under the laws of the State of California that the foregoing is true and correspond to the best of munder penalty of perjury under the laws of the State of California that the foregoing is true and correspond to the best of munder penalty of perjury under the laws of the State of California that the foregoing is true and correspond to the best of munder penalty of perjury under the laws of the State of California that the foregoing is true and correspond to the best of munder penalty of penal |      |
|--|--|--|--|------|
| ROSS AVE.  STATE ZIP CODE AREA CODE/PHONE ASURER. IF ANY  STATE ZIP CODE AREA CODE/PHONE  STATE ZIP CODE AREA CODE/PHONE   | Treasurer(s)  NAME OF TREASURER  ALLING ADDRESS  MAILING ADDRESS  NAME OF ASSISTANT TREASURENT TREA | I.D. NUMBER, 302812  E) CODE AREA CODE, PHONE CODE AREA CODE, PHONE H3 (769) 604-3863 BOX AREA CODE, PHONE WY AREA CODE, PHONE   | 3. Committee Information  COMMITTEE NAME (OF CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE NAME (OF CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE NAME (OF CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE NAME (OF COMMITTEE)  STREET ADDRESS (NO P.O. BOX)  1744 DESENT GANDONE  CITY  E/ Contro  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS   |      |
| RECEIVED BY: All  Quarterly Statement  Special Odd-Year Report  Supplemental Preelection Statement - Attach Form 495  selow)   | pe of State Preelection Semi-annu Termination (Also file a Amendmer  | e as s   | mmittee: All Committees - C Controlled Committee ion Committee ittee thee Committee  |      |
| COVER PAGE  CALIFORNIA 460  FILED FORM  MAY 21 2012  Page / of / of / For Official Use Only  | Date of election if applicable: (Month, Day, Year)   | Statement covers period from $\frac{3-18-12}{5-19-12}$   | Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)   | , =: |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-3772)
State of California

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| Page | CALIFORNIA<br>FORM | COVER              |
|------|--------------------|--------------------|
| of 6 | 460                | COVERPAGE - PART 2 |

| CITY STATE ZIP CODE ARE                 | COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | NAME OF TREASURED                      | COMMITTEE NAME   1.D. NUMBER                      | WITTEE ADDRESS (NO P.O. BOX)           | NAME OF TREASURER CONTROLLED COMMITTEE?   | 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. | 1744 Desart Gardens Dr. El Centro Ca 92243   | NAME OF OFFICEHOLDER OR CANDIDATE  JESUS "Jack" Terrozas  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Imperial County Survey 1501, Dist. 7. | Officeholder or Candidate Controlled Committee |
|---|--|--|---|--|---|----------------------------|---|--|---|--|
| AREA CODE/PHONE                         | NAME OF OFFICEHOLDER OR CANDIDATE              | NAME OF OFFICEHOLDER OR CANDIDATE      | AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE      | 7.  |                            | y committees OFFICE SOUGHT OR HELD  | 13   | ICABLE)  NAME OF BALLOT MEASURE  BALLOT NO. OR LETTER   | 6. Primarily Formed                            |
| Attach continuation sheets if necessary |  | DER OR CANDIDATE OFFICE SOUGHT OR HELD | DER OR CANDIDATE OFFICE SOUGHT OR HELD            | DER OR CANDIDATE OFFICE SOUGHT OR HELD | Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. |                            |   | Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | SURE  | d Ballot Measure Committee                     |
| ecessary                                | OFFICE SOUGHT OR HETS. SUPPORT OPPOSE          | SHT OR HELD SUPPORT OPPOSE             | SHT OR HELD SUPPORT OPPOSE                        | SHT OR HELD SUPPORT OPPOSE             | mmittee List names of primarily formed.   |                            | DISTRICT NO. 15 ANY   | te measure proponent, if any.  | □ SUPPORT □ OPPOSE  |  |

### Summary Page Campaign Disclosure Statement

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

Monetary Contributions .....

Loans Received .....

Type or print in ink.

SUMMARY PAGE

4 μ

Nonmonetary Contributions ..... SUBTOTAL CASH CONTRIBUTIONS .....

TOTAL CONTRIBUTIONS RECEIVED ....

Expenditures Made

Payments Made.....

Loans Made..... SUBTOTAL CASH PAYMENTS .....

#### 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 15. Cash Payments..... Column A, Line 8 above 14. Miscellaneous Increases to Cash ..... 13. Cash Receipts ..... 12. Beginning Cash Balance ..... 17. LOAN GUARANTEES RECEIVED If this is a termination statement, Line 16 must be zero

19. Outstanding Debts .....

18. Cash Equivalents .....

11. TOTAL EXPENDITURES MADE

**Current Cash Statement** 

10. Nonmonetary Adjustment .....

Accrued Expenses (Unpaid Bills) .....

Cash Equivalents and Outstanding Debts Add Line 2 + Line 9 in Column B above See instructions on reverse Schedule I, Line 4 Schedule B, Part 2 W ф Φ 0 figures that should be from Column B of your last for this calendar year, only period amounts. If this is subtracted from previous Column A may be negative report. Some amounts in from Lines 2, 7, and 9 (if carry over the amounts the first report being filed

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

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

Type or print in ink.

Amounts may be rounded

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| Monetary  | Monetary Contributions Received   | to                                     | to whole dollars.  | Statement covers period $S = \frac{1}{2} - \frac{1}{2} = \frac{1}{2}$ | ers period  | CALIFORNIA 4.60                               |
|---|---|--|--|---|---|---|
| SEE INSTRUCTION   | SEE INSTRUCTIONS ON REVERSE   |  |  | through 5-19-12   | 9-12  | Page 4 of 6                                   |
| NAME OF FILER   | Jesus " Jack" Terragus  | is as                                  |  |   |   | 1.D. NUMBER<br>1302812                        |
| DATE  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) | CONTRIBUTOR<br>CODE *                  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTERNAME<br>OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD                                     | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | DATE PER ELECTION AR TO DATE AR (IF REQUIRED) |
| 5/1/12  | John Corcoran<br>430 Pan american St<br>Calaxico (a. 9231                                   | DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | Aggregate Products Manhole, Inc  | 249 -   | 249-  |   |
| 5/1/12  | Dr. Hasnat alterned<br>7432 La Matanza  | DOTH MOOD                              | Checology and Homotology of  | 500-  | 500-  |   |
|   |   | OSCC                                   |  |   |   |   |
| and the same production of the same same same same same same same sam |   | □ ND<br>□ COM<br>□ OTH<br>□ SCC        |  |   |   |   |
|   |   | OPTY                                   |  |   |   |   |
|   |   |  | SUBTOTAL \$  |   |   | A THE REST                                    |
| Schedule  | Schedule A Summary  |  |  |   | *Contr  | *Contributor Codes                            |

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

IND -- Individual
COM -- Recipient Committee

\*Contributor Codes

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

Total monetary contributions received this period.

### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

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

from Statement covers period 3-18-12

through

19-12

Page 5 I.D. NUMBER 으

| CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  OP campagin paraphrenalishitis.  OR campagin vortexe salaries  NAC candidate travel, lodging, and meals  NAC candi | NAME OF FILER Jesus "Jack" Terrazas 1302812 |
|--|---|
|--|---|

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

SEE INSTRUCTIONS ON REVERSE

ERRAZAS

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

SCHEDULE E (CONT.)

Statement covers period 3/18/12 19/12 1302812 CALIFORNIA FORM Page 6 으 6

| Payments that are contributions or independent expenditures must also be summarized on Schedule D. | 5/7 E.C.E. S. District<br>EL CENTRO, G. 92243 | E.C. E.S. Dist toundation E.CENTED, (A 92243 | 4/9 DEL RIG C.C. POBOX 38 BRAWCEY; (A 92227 | 3/,8 Heber School DISTRICT - CHESS TEAM 1052 HEBER AV. HEBER (A 92249 | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphernalia/misc.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS contributions  CNS campaign consultants  CNS contributions  CNS campaign consultants  CNS contributions  CNS campaign and appearances  CNS campaign consultants  CNS contributions  CNS campaign consultants  CNS campaign consultants  CNS contributions  CNS campaign consultants  CNS campaign and appearances  CNS cam |
|--|---|--|---|---|---|--|
| Schedule D.  | CVC   | CAC  | CVC   | בעכ   | CODE C  | payment, you may enter the code 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  |
| SUBTOTAL \$  | Donation                                      | Donation                                     | fundraising Event                           | Donation  | OR DESCRIPTION OF PAYMENT                                       | polling and survey research postage, delivery and messenger services postage, delivery and messenger services porfessional services (legat, accounting) print ads  PAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL tv. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, todging, and meals  TRS transfer between committees of the same candidate/sponsor voter registration  WEB information technology costs (internet, e-mail)   |
| \$ 570 -   | 70 -  | 50 -   | 25000                                       | 20000   | AMOUNT PAID   | ts<br>ime candidate/sponsor  |

| COMMITTEE NAME IF NO COMMITTIES  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTIES)  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTIES)  NAME OF TREASURER  ALLING ADDRESS  NAME OF TREASURER  NAME OF ASSISTANT TREASURER, IF ANY  NAME OF TREASURER  NAME OF TREASURER |
|---|
|---|

### 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 of the contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct of the contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct of the contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct of the contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct of the contained herein and in the attached schedules is true and correct of the contained herein and in the attached schedules is true and correct of the contained herein and in the attached schedules is true and correct of the contained herein and in the attached schedules is true and correct of the contained herein and the contained her

| Executed on   | Executed onDate  | Executed on $\frac{7}{6} \frac{1}{2} \frac{1}{2} \frac{2}{1} \frac{1}{2} \frac$ | Executed on 4/6/72/72                            |
|---|--|---|--|
| BySignature of Controlling Officeholder, Candidate, State Measure Proponent | By Signature of Controlling Officeholder, Candidate, Stale Measure Proponent | By Signature of Controlling Officeholder, Candidale, State Measure Proponent or Responsible Officer of Sponsor  | By Signature of Treasurer or Assistant Treasurer |

| CALIFORNIA 460 |
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| S. Officeholder or Candidate Controlled Committee  NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMB  Thy parical County Superiors City  RESIDENTIAL BUSINESS ADDRESS NO. AND STREET) CITY  1744 Desert Carrelans ). City  Related Committees Not Included in this Statemer not included in this statement that are controlled by you or are promittiellons or make expenditures on behalf of your candidacy.  COMMITTEENAME | Officeholder or Candidate Controlled Committee  NAME OF OFFICEHOLDER OR CANDIDATE  SOUTH SOLL SOLL SOLL STRICT NUMBER IF APPLICABLE)  THIS POSICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  1744 Desert Carrelons Dr. L. C. Ho (A 9224)  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. |
|---|---|
| DÉNTIALBUSINESS ADDRESS - (1)   | AND STREET) CITY STATE ZIP  **C/CITY STATE ZIP  **CONTROLLED TO THE PRIMARILY FORMED TO RECEIVE  **Dehalf of your candidacy.**  |
| COMMITTEE NAME NAME OF TRÈASURER  | I.D. NUMBER  CONTROLLED COMMITTEE?  |
| COMMITTEE ADDRESS STREE   | STREET ADDRESS (NO P.O. BOX)  |
| COMMITTEE NAME  | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTELYNAL   | I.D. NUMBER   |
| NAME OF TREASURER  COMMITTEE ADDRESS STREE  | CONTROLLED COMMITTEE?    YES   NO   NO   NO   NO   NO   NO   NO   N   |
| CITY  | STATE ZIP CODE AREA CODE/PHONE  |

## Campaign Disclosure Statement Summary Page

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

from \_

Statement covers period

| <b>CALIFORNIA</b> |               |
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FORM

| FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3   |  | 9   | 19. Outstanding Debts Add Line 2 + Line 9 in Column B above                                       |
|--|--|---|---|
|  | from Lines 2, 7, and 9 (if any).   | \$  | Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse          |
|  | .00  | \$  | 17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2   |
|  | Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed | \$ 3027.72  | 16. ENDING CASH BALANCE   |
| *Amounts in this section may be different from amounts reported in Column B.                 | corresponding amounts from Column B of your last report. Some amounts in   | 690 -   | Increases to Cash   |
|  |  | \$ 2///   | 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts                       |
| \$   |  | 2712  | Current Cash Statement  |
| \$   | \$ 239925  | \$ 690.00   | NDEAdd Lines 8 + 9 + 10   |
| Date of Election Total to Date (mm/dd/yy)  | $\mathcal{P}$  | <b>\$</b>   | 9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 |
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)                | \$ 239524  | \$ 69(200   | 7. Loans Made   |
| Expenditure Limit Summary for State Candidates   | 2399.24  | 690-  | Expenditures Made  6. Payments Made Schedule E, Line 4  |
| 21. Expenditures \$ \$   | - 67277 \$   | \$  | Nonmonetary Contributions Schedule C, Line 3     TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4     |
| 20. Contributions  Received \$ \$  | - 6424   | \$<br>P   | SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2   |
| 1/1 through 6/30 7/1 to Date   | * 7/7/   | <b>\$</b>   | 1. Monetary Contributions Schedule A, Line 3  |
| Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | Column B CALENDAR YEAR TOTAL TO DATE   | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Contributions Received  |
| 1302812  |  | 3.5   | NAME OF FILER JUSTUS JOLK 12 TONIONS  |
| 6-30-12 Page 3 of 4  | through _(   |   | SEE INSTRUCTIONS ON REVERSE   |

### Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

SUKUKUS

from through Statement covers period 20/12 30 CALIFORNIA FORM Page \_ I.D. NUMBER 1302812 ٥,

SCHEDULEE

| 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. Unitemized payments made this period of under \$100 | Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.) | * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | 280 Campillo Av Sutte D. | XO Kadio<br>Cu Main St<br>Pentro Ca 97243 | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  OMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNC civic donations  CNC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  POS postage, delivery and messenger services  FRC campaign literature and mailings  MBR member communications  MBR member communications  MFC meetings and appearances  OFC office expenses  OFC office expenses  FEF petition circulating  PHO phone banks  POL polling and survey research  TRC candidate travel, lodging, and survey research  TRS staff/spouse travel, lodgi |
|--|--|--|--|--|--------------------------|---|---|--|
| he Summa   | 1, Column  |  |  | narized on   | PRT                      | 25  | CODE  | ou may er<br>nmunications<br>id appearant<br>nses<br>slating<br>s<br>survey resea<br>livery and m<br>services (le  |
| ary Page, Column A,  |  | •  |  | Schedule D.  | × =                      | Radio Qu                                  | OR DES  | yment, you may enter the code. Othen 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  |
| Line 6.)   |  | ****   |  |  | X 8" Qd                  | 15 (7)                                    | DESCRIPTION OF PAYMENT  | wise, desc<br>RAD rate<br>RFD rete<br>SAL can<br>TEL t.v.<br>TRC can<br>TRS stat<br>TSF tran<br>VOT vote<br>WEB info   |
| TOTAL \$_  | <b>⇔</b>   | <b>9</b>   | <del>G</del>   | \$UBTOTAL  | ed s                     | ads (Trank yous)                          | PAYMENT   | scribe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)  |
| 69000  | <b>\$</b>  | Þ  | 690  | \$ 69000   | 15000                    | 54000                                     | AMOUNT PAID   | sts Is same candidate/sponsor  |