

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>1/1/11</u> through <u>6/30/11</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp FILED REGISTRAR OF VOTERS JUL 22 2011	CALIFORNIA 2001/02 FORM 460
		RECEIVED BY: <u>GP</u>	Page <u>1</u> of <u>4</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- 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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Jack Terrazas I.D. NUMBER 1302812

Treasurer(s)

NAME OF TREASURER Alicia Armenta

STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr (760) 337-1921
 CITY El Centro STATE Ca. ZIP CODE 92243 AREA CODE/PHONE
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 2123
 CITY El Centro STATE Ca ZIP CODE 92244 AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS 3863

MAILING ADDRESS 1740 Ross Av.
 CITY El Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE
 NAME OF ASSISTANT TREASURER, IF ANY
 MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
 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 7/21/11 By Alicia M. Armenta
 Date Signature of Treasurer or Assistant Treasurer

Executed on 7/21/11 By [Signature]
 Date Signature of Controlling Officer/Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
 Date Signature of Controlling Officer/Officer, 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: Jesus "Jack" Terrazas
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):
Imperial County Supervisor, Dist. 2.
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP:
1744 Desert Gardens Dr. El Centro, Ca 92243

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

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 11/11 through 6/30/11

CALIFORNIA FORM **460**

Page 3 of 4

I.D. NUMBER 1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Jack" Terragas

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. Loans Received	Schedule B, Line 3	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>95.69</u>
7. Loans Made	Schedule H, Line 3	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>95.69</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>95.69</u>

Current Cash Statement

	Previous Summary Page, Line 16	
12. Beginning Cash Balance	Column A, Line 3 above	\$ <u>1192.72</u>
13. Cash Receipts	Schedule I, Line 4	\$ <u>95.69</u>
14. Miscellaneous Increases to Cash	Column A, Line 8 above	\$ <u>1097.03</u>
15. Cash Payments	Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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.

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

**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 1/1/11
through 6/30/11

Page 4 of 4

CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" Terrazas

I.D. NUMBER
1302812

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
- FL** candidate filing/ballot fees
- FND** fundraising events
- FND** independent expenditure supporting/opposing others (explain)*
- LEG** legal defense
- LT** 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
<i>National Pan Co PO Box 55000 Detroit, MI 48255-2745</i>	<i>CMP</i>		<i> pens</i>	<i>95.69</i>

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

SUBTOTAL \$ 95.69

**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 7/1/11
through 12/31/11

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

Date Stamp
FILED
REGISTRAR OF VOTERS
JAN 17 2012
RECEIVED BY:

CALIFORNIA
2001/02
FORM
460

Page 1 of 5
For Official Use Only

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER 130 2812

Committee to Elect Jack Terrazas

Treasurer(s)

NAME OF TREASURER

Alicia Armenta

STREET ADDRESS (NO P.O. BOX)
1744 Desert Gardens Dr. (760) 337-1921

MAILING ADDRESS
1740 Ross Av.
CITY EI Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 353-0234

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 2123
CITY EI Centro STATE Ca ZIP CODE 92244 AREA CODE/PHONE (760) 604-3863

MAILING ADDRESS
~~_____~~
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/16/12
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 1/16/12
Date

By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officer/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
Jesus "Jack" Terrazas
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial County Supervisor, Dist. 2.
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1744 Desert Gardens Dr. El Centro, Ca 92243

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 2/6/11
through 12/31/11

Page 3 of 5

I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jesus "Jack" Terrazas

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. Loans Received	Schedule B, Line 3	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>419.02</u>	\$ <u>514.71</u>
7. Loans Made	Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>419.02</u>	\$ <u>514.71</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>419.02</u>	\$ <u>514.71</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>1097.03</u>	
13. Cash Receipts	Column A, Line 3 above	\$ _____	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>419.02</u>	
15. Cash Payments	Column A, Line 8 above	\$ <u>678.01</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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.

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

**Schedule E
Payments Made**

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

CALIFORNIA
FORM
460

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" Terrazas

Statement covers period
from 7/01/11
through 12/31/11

Page 4 of 5
I.D. NUMBER
1302812

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MANA	PRT		Print Ad.	100 ⁰⁰
E1 Centro Chamber of Commerce	MTG		Parade entry	100 ⁰⁰
Basturights	MTG		Christmas Holiday Meetings	131.02
SUBTOTAL \$				331.02

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 419⁰²
2. Unitemized payments made this period of under \$100 \$ 1⁰⁰
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 1⁰⁰
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 419⁰²

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 <u>7/01/11</u> through <u>12/31/11</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>1302812</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" Terrazas

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

- | | | |
|---|--|---|
| <p>OMP campaign paraphernalia/misc.
ONS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings</p> | <p>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</p> | <p>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)</p> |
|---|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service El Centro Ca 92243	POS		Postage	88.00

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

SUBTOTAL \$ 88.00

**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 9
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4/1/12
through 3/17/12

Date of election if applicable:
(Month, Day, Year) 2012
06/05/2012

MAR 19 AM 9:22
Received

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER 1802812

Committee to Elect Jack Terrazas

Treasurer(s)

NAME OF TREASURER

Alicia Armenta

STREET ADDRESS (NO P.O. BOX)

Superior 2012 760 337-1921

CITY

1744 Desert Gardens Dr. 920-604-3863

CITY

1740 Ross Ave.

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

E1 Centro CA 92043 760-358-0234

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

P.O. Box 2123

MAILING ADDRESS

CITY

E1 Centro

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 3-18-12

Executed on 3-18-12

Executed on _____

Executed on _____

By Alicia Armenta
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/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
Jesús "Jack" Terrazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL COUNTY SUPERVISOR, DIST 2,

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1744 Desert Gardens Dr El Centro Ca 92243

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.

COMMITTEENAME 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 OPOSE

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 <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPOSE <input type="checkbox"/>

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 1/1/12 through 3/17/12

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Socle" Terrazas

I.D. NUMBER 1302812

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 4600	\$ 4000
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4600	\$ 4000
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 4600	\$ 4000

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1139.24	\$ 0
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1139.24	\$ 0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1139.24	\$ 0

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 678.01	
13. Cash Receipts	Column A, Line 3 above \$ 4000	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 1139.24	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3538.77	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

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	\$ 4000	\$ 4000
21. Expenditures Made	\$ 0	\$ 0

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

	\$ 0	\$ 0
	\$ 0	\$ 0

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

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

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

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

Statement covers period
from 1/01/12
through 3-17-12

SCHEDULE A (CONT)
**CALIFORNIA
FORM 460**

Page 4 of 9

NAME OF FILER: Jesus "Jack" Terrazas I.D. NUMBER: 1302812

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/09/12	Sergio S. Servin 1616 Decillo Dr. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Inspector Dept of Trans. (Feeds)	500.00	500.00	
2/6/12	Dr. N. FORTER 1461 State St. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Desert Eye Institute	100.00	100.00	
2/6/12	Norman E. Brown 720 W. Main St. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Desert Security Services	1000.00	1800.00	
2/6/12	Les Rogers 135 S. Sunset El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers and Rogers Nissan	100.00	100.00	
2/11/12	Dennis J. Bergh. 1099 Tacaranda Dr. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	I.V. Sign Co.	100.00	100.00	
SUBTOTAL \$					1800.00	

*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 01-01-12
through 3-17-12

Page 5 of 9

NAME OF FILER Jesus "Jack" TERRAZAS I.D. NUMBER 1302812

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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 TODAY DATE (IF REQUIRED)
2/11/12	Alan Pace 78790 Santa Dr. La Quinta, Ca 92253	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	100 ⁰⁰		
2/11/12	William R. Plouff 2223 Pepper Dr. El Centro Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Manager	250 ⁰⁰		
2/11/12	V. Kaye Valvi 1531 Holt + Av. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 ⁰⁰		
2/15/12	Dr. P.B. Singh 2061 Ross Av. El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IV-FAMILY CARE MEDICAL GROUP	100 ⁰⁰		
2/15/12	Sol + Rose Munoz 1626 Decilla Dr El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 ⁰⁰		
SUBTOTAL \$				<u>1050⁰⁰</u>		

*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 01-01-12
 through 3-17-12

Page 6 of 9

NAME OF FILER Susas "Jack" Terreras I.D. NUMBER 1302812

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)
2/17/12	James McNeal 4627 Beverly Blvd. Los Angeles, Ca 90044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Schafer Ambulance.	500 ⁰⁰		
2/17/12	Alicia M. Armenta 1740 Ross Av. El Centro Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100 ⁰⁰		
2/24/12	David H. West 302 No. 8th El Centro, Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	David H. West Insurance, Inc	100 ⁰⁰		
2/24/12	Jeff Lyon 780 No 4th St El Centro Ca 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landmark Consultants	100 ⁰⁰		
3/8/12	Laura McDonald-Kaminski 221 Vista Grande Glen Escondido, Ca 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director Public Affairs Sampira Energy	250 ⁰⁰		
SUBTOTAL \$				1050-		

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 01/01/12
through 3-17-12

Page 7 of 9

**CALIFORNIA
FORM 460**

SCHEDULE A (CONT)

NAME OF FILER: Jesus "Jack" Terrazas I.D. NUMBER: 1302812

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<u>Gary Glueck 776 Canthiela Dr. El Centro, Ca 92243</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Acute Mgr HUTCHINSON and Blairgood</u>	<u>100.00</u>		
SUBTOTAL \$				<u>100.00</u>		

*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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/01/12
through 3/17/12

Page 8 of 9

NAME OF FILER

Jesus "Sack" Terraces

I.D. NUMBER

1302812

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT 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)
- 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Printers 430 Main St El Centro Ca 92243	Lit.		Printed New Hangers	156 ²⁴
Imperial Co. Elections Dept Imperial Co Elections Dept 940 w. Main St El Centro Ca 92243	Fil.		Filing Statement for Ballot	300 ⁰⁰
	Fil.		Filing Fees	523 ⁰⁰
SUBTOTAL \$				979²⁴

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1139²⁴
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1139²⁴

**Schedule E
Payments Made**

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

**CALIFORNIA
FORM 460**

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" Terrazas

Statement covers period
from 1/01/12
through 3/17/12

Page 9 of 9

I.D. NUMBER
1302812

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL 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
- VOI 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
Alexis Robury 707 Doal Dr. Caterick Ca 92231	Mtg.	Cost to present program	60.00
Heber Sacred Heart 408 Main St Heber, Ca 92249	Prt	Print ad	100.00
SUBTOTAL \$			160.00

Schedule E Summary

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

**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 3-18-12
through 5-19-12

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

Date Stamp FILED MAY 21 2012	REGISTRAR OF VOTERS
RECEIVED BY: <i>pt</i>	
CALIFORNIA 2001/02 FORM 460	
Page <u>1</u> of <u>6</u>	For Official Use Only

COVER PAGE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1302812

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Jack Terrazas
Supervisor - 2012

NAME OF TREASURER
Alicia Armenta
MAILING ADDRESS
1740 Ross Ave.

STREET ADDRESS (NO P.O. BOX)
1744 Desert Gardens Dr.
CITY El Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 604-3863
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 2123
CITY El Centro STATE Ca ZIP CODE 92244 AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

NAME OF ASSISTANT TREASURER, IF ANY
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
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 5-21-12 Date
By *Olivia M. Armenta* Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on 5-21-12 Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/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
Jesus "Jack" Terrazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial County Supervisor Dist. 2.

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1744 Desert Gardens Dr. El Centro CA 92243

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 3-18-12
through 5-19-12

Page 3 of 6

CALIFORNIA
FORM
460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 749-	4749-
2. Loans Received	Schedule B, Line 3 0-	0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 749-	4749-
4. Nonmonetary Contributions	Schedule C, Line 3 0-	0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 749-	4749-

Expenditures Made

6. Payments Made	Schedule E, Line 4 570-	1709.24
7. Loans Made	Schedule H, Line 3 0-	0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 570-	1709.24
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0-	0-
10. Nonmonetary Adjustment	Schedule G, Line 3 0-	0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 570-	1709.24

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 3538.77
13. Cash Receipts	Column A, Line 3 above 749-
14. Miscellaneous Increases to Cash	Schedule I, Line 4 570-
15. Cash Payments	Column A, Line 8 above 3717.77
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 3717.77

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit)	Total to Date
1/1/12	\$ _____	\$ _____
1/1/12	\$ _____	\$ _____

*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

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Salt" Terragas

I.D. NUMBER
1302812

Page 4 of 6

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
5/1/12	John Lorcera 430 Pan American St Calaxio, Ca. 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aggregate Products and Mauhole, Inc.	249 -	249 -	
5/1/12	Dr. Hasnat Ahmed 7432 La Matanga San Diego, Ca 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oncology and Hematology of Imperial Valley	500 -	500 -	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 749 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 749 -

*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.

SCHEDULEE
CALIFORNIA
FORM **460**

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

Page 5 of 6

NAME OF FILER Jesus "Jack" Terrazas I.D. NUMBER 1302812

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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 ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUBTOTAL \$				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 570
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 570

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 6 of 6

I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" TERRAZAS

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
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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)
- 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
3/18 Heber School District - Chess Team 1052 Heber Av. Heber, CA 92229	CVC		Donation	200.00
4/9 Del Rio C.C. PO Box 38 Brawley, CA 92227	CVC CVC		Fundraising Event for local charities	250.00
4/20 E.C.E.S. Dist Foundation 1256 Broadway Av. El Centro, CA 92243	CVC		Donation	50.00
5/17 E.C.E.S. District 1256 Broadway Av. El Centro, Ca. 92243	CVC		Donation	70.00

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

SUBTOTAL \$ 570.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

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

Date Stamp
FILED
REGISTRAR OF VOTES
MAY 21 2012
RECEIVED BY: [Signature]

CALIFORNIA 460
2001/02
FORM

Page 1 of 6
For Official Use Only

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

- Officerholder, 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/Officerholder Committee *(Also Complete Part 7)*

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1302812

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Jack Terrazas
Supervisor - 2012

NAME OF TREASURER
Alicia Armenta

STREET ADDRESS (NO P.O. BOX)
1744 Desert Gardens Dr.

MAILING ADDRESS
1740 Ross Ave.

CITY El Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 604-3863

CITY El Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 353-0234

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 2123

MAILING 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 5-21-12
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 5-21-12
Date

By [Signature]
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officerholder, 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
Jesus "Jack" Terrazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial County Supervisor, Dist. 2.

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1744 Desert Gardens Dr. El Centro Ca 92243

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 3-18-12
through 5-19-12

CALIFORNIA
FORM
460

Page 3 of 6

I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 749-	\$ 4749-
2. Loans Received	Schedule B, Line 3 \$ 0-	\$ 0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 749-	\$ 4749-
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0-	\$ 0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 749-	\$ 4749-

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 570-	\$ 1709.24
7. Loans Made	Schedule H, Line 3 \$ 0-	\$ 0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 570-	\$ 1709.24
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0-	\$ 0-
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0-	\$ 0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 570-	\$ 1709.24

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3538.77	
13. Cash Receipts	Column A, Line 3 above \$ 749-	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 570-	
15. Cash Payments	Column A, Line 8 above \$ 3717.77	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3717.77	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0-

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0-

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____
1/1 through 6/30 7/1 to Date

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

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

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

Schedule A
Monetary Contributions Received

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

STATEMENT A
CALIFORNIA
FORM
460

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

Page 4 of 6
I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jesus "Sack" Terragas

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/1/12	John Concoran 430 Pan American St Calaxido, Ca. 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aggregate Products and Mauhole, Inc.	249 -	249 -	
5/1/12	Dr. Hasnat Ahmed 7432 La Matanga San Diego, Ca 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oncology and Hematology of Imperial Valley	500 -	500 -	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 749 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0 -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 749 -

*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

NAME OF FILER

Jesus "Jack" Terrazas

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

CALIFORNIA
FORM **460**
Page 5 of 6
I.D. NUMBER
1302812

SCHEDULE E

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
- 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, airline and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable, airline and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TST 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
SUBTOTAL \$			

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 570--
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 570--

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

Page 6 of 6

I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jesus "Jack" TERRAZAS

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD 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
- RPD returned contributions
- SAL campaign workers' salaries
- TEL i.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
3/18	Heber School District - Chess Team 1052 Heber Av. Heber, CA 92249	CVC		Donation	200.00
4/9	Del Rio C.C. PO Box 38 BRAVERY, CA 92227	PRT CVC		Fundraising Event for local charities	250.00
4/20	E.C.E.S. Dist Foundation 1256 Broadway Av. El Centro, Ca 92243	CVC		Donation	50 -
5/17	E.C.E.S. District 1256 Broadway Av. El Centro, Ca 92243	CVC		Donation	70 -

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

SUBTOTAL \$ 570 -

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

REGISTRATION REGISTRAR OF VOTERS JUL 09 2012 RECEIVED BY: <i>[Signature]</i>		CALIFORNIA 2001/02 FORM 460
Statement covers period from <u>5-20-12</u> through <u>6-30-12</u>		Date of election if applicable: (Month, Day, Year) <u>6-5-12</u>
Page <u>1</u> of <u>4</u> For Official Use Only		COVER PAGE

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

Officerholder 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/Officerholder Committee
(Also Complete Part 7)

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Jack Torreygas
 I.D. NUMBER: 302812

STREET ADDRESS (NO P.O. BOX)
1744 Desert Gardens Dr

CITY: E1 Centro STATE: Ca ZIP CODE: 92243 AREA CODE/PHONE: (760) 604-3863

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 2123

CITY: E1 Centro STATE: Ca ZIP CODE: 92244 AREA CODE/PHONE: _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

NAME OF TREASURER
Alicia Armenta

MAILING ADDRESS
1741D Ross Ave

CITY: _____ STATE: Ca ZIP CODE: 92243 AREA CODE/PHONE: (760) 353-0233

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

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 4/6/2012 BY [Signature]
 Date Date Signature of Treasurer or Assistant Treasurer

Executed on 7/6/2012 BY [Signature]
 Date Date Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ BY _____
 Date Date Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ BY _____
 Date Date Signature of Controlling Officerholder, 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: Josuis "Jack" Terrazas
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Imperial County Supervisor, District 2.
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 1744 Desert Gardens Dr. El Centro, CA 92243

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 5-20-12
through 6-30-12

CALIFORNIA
FORM **460**

Page 3 of 4

I.D. NUMBER
1302812

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Josus "Jack" Terrazas

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 4749-
2. Loans Received	\$ 0	\$ 4749-
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 4749-
4. Nonmonetary Contributions	\$ 0	\$ 4749-
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 4749-

Expenditures Made

6. Payments Made	\$ 690-	\$ 2399.24
7. Loans Made	\$ 0	\$ 2399.24
8. SUBTOTAL CASH PAYMENTS	\$ 690-	\$ 2399.24
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 690.00	\$ 2399.24

Current Cash Statement

12. Beginning Cash Balance	\$ 3717.72	
13. Cash Receipts	\$ 0	
14. Miscellaneous Increases to Cash	\$ 690-	
15. Cash Payments	\$ 3027.72	
16. ENDING CASH BALANCE	\$ 3027.72	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	\$ 0
------------------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
\$ 0	1/1	\$ 0
\$ 0	1/1	\$ 0

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 5/20/12
through 6/30/12

Page 4 of 4

NAME OF FILER

Jesus "Jack" Tavaras

ID. NUMBER

1302812

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

- OMP campaign paraphernalia/misc.
- ONS 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
- LT 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 ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>KXD Radio</u> <u>420 W. Main St</u> <u>El Centro, Ca 92243</u>	<u>RAD</u>	<u>Radio Ads (Thank you)</u>	<u>540.00</u>
<u>E1 Sol Del Valle</u> <u>280 Campbell Av. Suite D.</u> <u>Albexico, Ca 92231</u>	<u>PRT</u>	<u>6" x 8" Ad</u> <u>(Thanks)</u>	<u>150.00</u>
SUBTOTAL \$			<u>690.00</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 690.00
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 690.00