FDDC Form Ann ( langar/05)	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ву	Executed on
	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on
ue and complete. I certify	rein and in the attached schedules is tru	st of my knowledge the information contained herein and in the attached sched dorrect.    Multiple   Marched Signature   March	ng this statement and to the best of my know nia that the foregoing is true and correct.  By W Signature of Contro	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.
AREA CODE/PHONE	STATE ZIP CODE	CITY  OPTIONAL: FAX / E-MAIL ADDRESS	ODE ARÉÁ CÓDE/PHONE	CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
	ER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	CODE AREA CODE/PHONE (760), 357 44/6	STATE ZIP CODE  CITY  COLONION  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
146) 357-4416 AREA CODE/PHONE	Ca. SADOL		I Timporial County	HAN R. RENISON  ET ADDRESS (NO P.O. BOX)  AND CANDIDATE'S NAME IF NO COMMITTE  ODO TO SON DISTRICT  ET ADDRESS (NO P.O. BOX)
	Rosa Remison	Treasurer(s) ANA	1.D. NUMBER 396	3. Committee Information
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement:    Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termination)     Amendment (Explain below)	Complete Parts 1, 2, 3, and 4.  Primarily Formed Bailot Measure  Committee  Controlled  Sponsored  (Asso Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee  (Asso Complete Part 7)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4  Officeholder, Candidate Controlled Committee Committee O State Candidate Election Committee O Recall (Also Camplete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7)
For Official Use Only	JAN 31 2011	(Month, Day, Year)	from 10 - 17 - 10 through 1 - 31 - 11	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460 FORM	1		Type or print in ink	Recipient Committee  Lampaign Statement  Cover Page  (Government Code Sections 84200-84216.5)

	Attach continuation sheets if necessary	continuation sh	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
OPPOSE					STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NOMBEN		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
List names of rrmed.	ilder Committee List	date/Officeho	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed	CONTROLLED COMMITTEE?		NAME OF TREASURER
				l.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	or are primarily formed to receive	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.	not included in this state contributions or make ex
	NENT	LDER, CANDIDATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDI	tement: List any committees	Related Committees Not included in this Statement: List any committees	Related Committee
roponent, if any.	ate, or state measure pr	sholder, candida	identify the controlling officeholder, candidate, or state measure proponent, if any.	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS A
SUPPORT OPPOSE	00	JURISDICTION	BALLOTNO, OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	nmittee	Measure Cor	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.	fro	Statement covers period $0-17-10$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	1-31-11	Page 3 of 7
SMMITTEE TO EIECT JOHN L. ROMISON	OMISON S	prusor Dist	ishud I	13 23 8 6
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
Monetary Contributions	2421.00	\$ 18859.00	General Elections	<b>ns</b> 1/1 through 6/30 7/1 to Date
Coans Received Schedule B, Line 3     SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	2,421.00	\$ 181859.00	20. Contributions Received \$	<b>4</b> 5
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$	2,421.00	\$ 18,859.00	21. Expenditures Made \$	<b>€9</b>
xpenditures Made	3,342.43	\$ 18764.90	Expenditure Limit Summary for State Candidates	ummary for State
8. SUBTOTAL CASHPAYMENTS Add Lines 6 + 7 \$	Eh. Lhe (E	\$ 18,764 96	22. Cumulative	22. Cumulative Expenditures Made" (If Subject to Voluniary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3			Date of Election (mm/dd/yy)	Total to Date
21. I O I AL EXTENDITORES MADE		1 1		
Current Cash Statement  12. Beginning Cash Balance Provious Summary Page, Line 16 \$ 13. Cash Receipts Column A, Line 3 above	1020.53	To calculate Column B, add amounts in Column A to the corresponding amounts		\$
14. Miscellaneous increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	3,347.43	from Column B of your last report. Some amounts in Column A may be negative	reported in Column B.	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$  If this is a termination statement, Line 16 must be zero.	77.00	subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	- Avendering	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse \$	1	from Lines 2, 7, and 9 (if any).		
			FPPC Toll-Free Helpline	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A

Type or print in ink.

Monetary C	Monetary Contributions Received	Amount to v	Amounts may be rounded to whole dollars.	Statement covers period	i i vezili	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 1 -31-	11	Page Y of 7
NAME OF FILER	ommittee to Elect John R. Renwon	Remison	Supervisor	District	H	132396
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	ATE PER ELECTION  R TO DATE  1) (IF REQUIRED)
10-18-10	Saroni Proporties, Inc. P.O. Box # 96 Aptos, Ca. 95001	SCC SCC		1000%		
10-18-10	Poiriez Properties, Inc p.O. Box dayo Calexne, Ca. 92232	OSCC STORY		200%		
0-19-10	Heriberto Ocejo p. O. Boy# S313 Calexico, Ca. 92232	DDD DA	Self-Employer	[QQ]=		
01-18-0	Palm Desent. Ca. 52211	OTH SCC		600	,	
01-160	Brack Seed Company, the 1399 Formesta Rd.	DSCC		1.001		
			SUBTOTAL	OTAL\$ 2,000.		

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

IND - Individual \*Contributor Codes

3. Total monetary contributions received this period.

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) .....

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

# SCI...JULE E (CONT.)

460

### Payments Made Schedule E (Continuation Sheet)

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

through /-3/-// from 10-17-10 Statement covers period CALIFORNIA FORM Page ( I.D. NUMBER

<u>Q</u>

SEE INSTRUCTIONS ON REVERSE

ommittee to Elect John R. Remison Supervisor District I 132396

10/10/			
164.59	Donation Community Museum	CVC	Trable Cloths Fractory YAYA G. Fractor Marticale
620.11	Neuspyled AD	prT	El Centro, Ca. GINY
105.21	Campaign Flyers	MIT	Imperial Printers 430 main St. El Centro, Ca. 9244
100.00	Donn timeis	CVC	Calexies Flower Market  120-A W. Shorman St.  Calexies Ca. 91231
251.26	Campaign Cords - Postas	LiT	Imperial Printers 430 maio St. El Centro, Ca. 92234
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries campaign workers' salaries professional services (legal, accounting) TRC candidate travel, lodging, and meals postage, delivery and messenger services professional services (legal, accounting) WEB information technology costs (internet, e-mail)	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	CODES: If one of the following codes accurately describes the payment, you may expension paraphernalia/misc.  CNS 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  LTT campaign literature and mailings

### SCHEUULE E (CONT.)

Statement covers period

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

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

from. through フ 01-01-11 CALIFORNIA I.D. NUMBER Page \_\_ FORM )

\$ 550.90	SUBTOTAL \$	n Schedule D.	* Dayments that are contributions or independent expenditures must also be summarized on Schedule D.
170.90	CVE DONATION CUTS OF BROKEN	6	Rude And Comp. 460 Orlegean, Cer. > 1271
00.081	pret Nouspaper 40	pat	El Sol del Vouve
200.00	Outloor Adventsement.	PRI	CESar Ro Driguez
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/sponsor	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 staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor, accounting) WEB information technology costs (Internet, e-mail)	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 services professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may example the compaign paraphernalia/misc.  CNAP campaign paraphernalia/misc.  CNS campaign consultants  CNS contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIL phone banks  FOL postage, delivery and m  FRO professional services (le  FRO professional services (le
13256	sor District I	W V	NAME OF FILER TO E (ECT John R. ROMISON SUDXUE

### **Payments Made** Schedule E

NAME OF FILER

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

from Statement covers period 17-10-10

through 1-31-11

CALIFORNIA FORM SCHEDULEE

Page \_\_\_ I.D. NUMBER

읔

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.)	Payments that are contributions or independent expenditures must also be summarized on Schedule D.		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	describes the pa MBR MTG OFC PET POL POL POS PRO PRO	ommittee to Elect John R. Remison
, Column (e).)	rized on Sched		 CODE OR	ayment, you may enter the code. Comember communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (fegal, accounting) print ads	
\$\$\$\$	ule D. SUBTOTAL\$	*	DESCRIPTION OF PAYMENT	e code. Otherwise, describe the payment.  RAD radio alrime 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 staffspouse travel, lodging, and meals  TRS staffspouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor voter registration  VOT voter registration  WEB information technology costs (internet, e-mail)	Jupanisor Dishict I 13:
3,347.47			AMOUNT PAID	ne candidate/sponsor	132376

e Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
ider, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State	Ву	Executed on
nt Treasurer  1 Tr	Signature of Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Contro	Executed on Date
contained herein and in the attached schedules is true and complete. I certify	Wedge the information contained herei	preparing and reviewing this statement and to the best of my know of the State of California that the foregoing is true and correct.	sonable diligence in I
SS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
STATE ZIP CODE AREA CODE/PHONE	СІТҮ	ODE AREA CODE/PHONE	CITY STATE ZIP CODE
	MAILING ADDRESS	30X	G ADDRESS (IF DIFFERENT) NO. AND STREET
M. 92281	_	AREA CODE/PHON	SIATE ZIP C
RIMBUKKA OR.	12/6 PR	7	STREET ADDRESS (NO P.O. BOX)
ROSE RENIGON	NAME OF TREASURER	20 SIO 230	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
	Treasurer(s)	1.D. NUMBER 1823 3 96	3. Committee Information
		Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sponsored     Small Contributor Committee     Political Party/Central Committee
Quarterry Statement Special Odd-Year Report Supplemental Preelection mination) Statement - Attach Form 495	Semi-annual Statement  Termination Statement  (Also file a Form 410 Termination)  Amendment (Explain below)	Committee  Controlled  Sponsored  (Aso Complete Part 6)	Committee
	2. Type of Statement:	omplete Parts 1, 2, 3, and 4.	nittees - C
RECEIVED BY:		through 6/39///	SEE INSTRUCTIONS ON REVERSE
AUG U1 CUII Page of Official Use Only	Date of election if applicable: (Month, Day, Year)	tatement covers period	(Government Code Sections 84200-84216.5)
REGISTRAR OF VOTERS FORM 460		Type or print in ink	Recipient Committee Campaign Statement Cover Page

Type or print in ink.

COVER PAGE - PART 2

Page 2	CALIFORNIA FORM
i Cy	460

	Attach continuation sheets if necessary	h continuation st	Attaci	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
ļ		-		Š	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	֧֧֧֧֓֞֝֟֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֡֓֡֓֜֡֡֓֡֓֡֡֡֡֡֓֡֡֡֡֓֜֝֡֡֡֡֡֡֓֓֡֡֡֡֡֡֓֜֝֡֡֡֡֡֡֡֡	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	Ider Committee List.	idate/Officehol	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		COMMITTEE NAME
ANA	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	ement: List any committees r are primarily formed to receive bidacy.	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 Committe not included in this state contributions or make a
	VENT	JIDATE, OR PROPON	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	1016 Lestin DAVINGON ON CLEANING TO 1.50)	M BURKE OK	1216 1281
ponent, if any.	te, or state measure proj	eholder, candidat	Identify the controlling officeholder, candidate, or state measure proponent, if any.	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	RESIDENTIAL/BUSINESS
SUPPORT OPPOSE	ဝှ <u>ရ</u>	JURISDICTION	BALLOT NO. OR LETTER	NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HEL
			NAME OF BALLOT MEASURE	2	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER
	ımittee	Measure Com	6. Primarily Formed Ballot Measure Committee		5. Officeholder or Candidate Controlled Committee	5. Officeholder or Cal

# Campaign Disclosure Statement Summary Page

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

from \_

Statement, covers, period

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)			19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).		
	for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B. Part 2
	figures that should be subtracted from previous period amounts. If this is the first renor heing filed	\$ 525,77	ENDING CASHBALANCE Add Lines 12 + 13 + 1 If this is a termination statement, Line 16 must be zero
*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 acceptant.	52,409	12. Beginning Cash Balance
\$	_	1130.52	ent
Date of Election Total to Date (mm/dd/yy)  \$	\$\$	\$ 604.75	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	<b>6</b>	\$ 604.75	7. Loans Made
Expenditure Limit Summary for State Candidates	<b>\$</b>	\$ 604-75	Expenditures Made  6. Payments Made Schedule E, Line 4
21. Expenditures Made \$\$	69	0	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
20. Contributions \$\$	<b>*</b>	5	2. Loans Received
1/1 through 6/30 7/1 to Date	1		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 TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.5. NUMBER 132396			NAME OF FILER
6/30/11 Page 3 of 5	through _		

## **Monetary Contributions Received** Schedule A

Type or print in ink.
Amounts may be rounded

to whole dollars.

from Statement covers period

Schedule A Summary							DATE RECEIVED	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE
Summary						·	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	J-IM RENSON	S ON REVERSE
		OSCC	OTH SCC	OCC	□ IND □ COM □ PTY □ SCC	□IND □COM □OTH □PTY	CONTRIBUTOR CODE *	7	
	\$UBTOTAL\$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		
							AMOUNT RECEIVED THIS PERIOD		through
*Contr							CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		111
*Contributor Codes			-		<u>\$</u> 1		DATE PER ELECTION  AR TODATE  31) (IF REQUIRED)	I.D. NUMBER	Page of

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

SCC - Small Contributor Committee

IND – Individual
COM – Recipient Committee

Total monetary contributions received this period.

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

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) ......

### Payments Made Schedule E

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

Statement
cover

from

through

period

SCHEDULEE

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

JOHN KRU/SOR

CALIFORNIA FORM Page \_\_ I.D. NUMBER 132396 N 460

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)(e)	Itemized payments made this period. (Include all Schedule E subtotals.)      Unitemized payments made this period of under \$100	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. 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  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees  FIL candidate filing and survey research  IND independent expenditure supporting/opposing others (explain)*  FRO postage, delivery and messenger services  FRO professional services (legal, accounting)  FRO professional services (legal, accounting)  WEB information technology of the payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and product meetings and appearances  FRO petition circulating  FRI polling and survey research  FRO postage, delivery and messenger services  FRO professional services (legal, accounting)  WEB information technology of the payment.
1, Column (e).)			narized on Schedule D.		CODE OR	ayment, you may enter the code. O 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
₩	\$ _C		\$UBTOTAL		DESCRIPTION OF PAYMENT	therwise, 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  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor voter registration  WEB information technology costs (internet, e-mail)
	604.75				AMOUNT PAID	s ne candidate/sponsor mail}

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

Committee Information SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Campaign Statement Cover Page Recipient Committee 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. CITY OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO PO. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) General Purpose Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4, Officeholder, Candidate Controlled Committee Sponsored
 Small Contributor Committee
 Political Party/Central Committee O State Candidate Election Committee (Also Complete Part 5) O Recall かったとう Executed on Executed on Executed on Executed on 015 TRICT #1 DE IMA OREN Ò 훻 STATE 4 922 ZIP CODE ZIP CODE Primarily Formed Ballot Measure 1.D. NUMBER 2 396. Primarily Formed Candidate/ ○ Controlled○ Sponsored Officeholder Committee (Also Complete Part 7) Committee (Also Complete Part 6) from through W Statement covers period 760 AREA CODE/PHONE REA CODE/PHONE N Y Type or print in ink, Signature of Controlling Officeholder, Candidate, State Measure Proponentor Responsible Officer of Sponsor 2144-1 Signature of Controlling Officeholder, Candidate, State Measure Proported Signature of Controlling Office holder, Candidate, State Measure Proponent Date of election if applicable: (Month, Day, Year) CITY OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) ☐ Preelection Statement
☑ Semi-annual Statement Type of Statement: 9/2 Amendment (Explain below) (Also file a Form 410 Termination) Termination Statement ないな なされ A DEAC TUNISO \ \ \ \ 405h REGISTRAR OF VOTERS JAN \$ 1 2012 RECEIVED BY: Date Stamp STATE KENISON ZIP CODE 722 ZIP CODE Supplemental Presiection Special Odd-Year Report Statement - Attach Form 495 Quarterly Statement Page \_ CALIFORNIA For Official Use Only AREA CODE/PHONE REA CODE/PHONE 9 COVER PAGE

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

CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME	CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF TREASURER  CONTROLLED COMMITTEE?  COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMITTEE NAME	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.	1216 10KIMDNEKH.18, CALBSICO, CHT. 92531	CT NUMBER IF APPLICABLE)	TOITH R. REWISON	5. Officeholder or Candidate Controlled Committee
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE	SUPPOSE		NAME OF OFFICE SOUGHLOR HELD  OPPOSE	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 COLUMN 1		OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee

# Campaign Disclosure Statement Summary Page

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

ì	Statement covers	
\ -	covers,	
	period	

CALIFORNIA FORM SUMMARY PAGE

Cash Equivalents and Outstanding Debts  18. Cash Equivalents
nce Previous Summary Page, Line 16 \$ \$ 25.77  Column A, Line 3 above Schedule I, Line 4  Schedule I, Line 4  Column A, Line 8 above ICE Schedule 12 + 13 + 14, then subtract Line 15 \$ \$ 5.67  RECEIVED Schedule B, Part 2 \$ and Outstanding Debts  See instructions on reverse \$
and Outstanding Debts  See instructions on reverse \$
19. Outstanding Debts

# Schedule A Monetary Contributions Received

NAME OF FILER

MOSINERS MAOS

SEE INSTRUCTIONS ON REVERSE

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

through 12/3////	Statement covers period from 7/1/1	
Page 4 of 8	CALIFORNIA 460	

Commany   Contributions.   Contributor Codes   Contributor Codes
SCC SCC SUBTOTALS
OIND COM OTH OPTY OSCC SCC OTH OPTY SCC SUBTOTAL\$
OTH OTH OTH OTH OTH OTH SCC SUBTOTAL\$
SUBTOTAL\$
SUBTOTAL\$
, S00.00

## Schedule E Payments Made

NAME OF FILER

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

Statement covers period

from

CALIFORNIA FORM

SCHEDULEE

460

Page 5

through

1.D. NUMBER 9 6 0

NAME OF FILER (SOL)		I.D. NUMBER
		121076
DES: If one of the following codes accurately describes the particular to the partic	ay enter the code. Otherwise, describe the p	payment
campaign parapnernalia/misc.  Campaign consultants  Contribution (explain nonmonetary)*  OFC	RAD RFD SAL	radio airtime and production costs returned contributions campaign workers' salaries
FIL candidate filing/ballot fees FID fundraising events FID independent expenditure supporting/opposing others (explain)* FID legal defense FID fundraising events FID independent expenditure supporting/opposing others (explain)* FID polling and survey research FID postage, delivery and mess FIC legal defense FIC print ads FIG PRO professional services (legal	research TRC TRS and messenger services TSF ces (legal, accounting) VOT WEB	<ul> <li>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)</li> </ul>
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)  CODE	DE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	d on Schedule D.	SUBTOTAL\$
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)		<b></b>
2. Unitemized payments made this period of under \$100		5/18/1
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		<del>σ</del>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	ummary Page, Column A, Line 6.)	TOTAL \$ 143-13

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period

from\_

through\_

Page\_\_ LO. NUMBER

of I

CALIFORNIA 460 SCHEDULE E (CONT.)

	SUBTOTAL	or inseperiment expenditures must also be summarized on Schedule D.	
		s that are contributions or independent over 18.	* Paymen
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	
t, e-mail)	WEB	AND ADDRESS OF PAYEE	
osts ds same candidate/sponsor	VOT	supporting/opposing others (explain)* POS PRO	
	RAD RFD SAL		
	Otherwise	if one of the following codes accurately describes the payment, you may enter the code	CODES:

### Cover Page Campaign Statement Recipient Committee SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Committee Information Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Verification CITY COMMITTEE NAME (OR CANDIDATE'S NAME IF 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. STREET ADDRESS (NO PO. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS General Purpose Committee Officeholder, Candidate Controlled Committee ロンメメンセ O Small Contributor Committee O Political Party/Central Committee Sponsored (Also Complete Part 5) O Recall State Candidate Election Committee Executed on Executed on Executed on からろろっと DE からがらか FOR SUFERNISTOR STATE ZIP CODE 1.D. NUMBER Primarily Formed Ballot Measure Primarily Formed Candidate/ Officeholder Committee Committee (Also Complete Part 6) (Also Complete Part 7) Controlled from Sponsored through 7 Statement AREA CODE/PHONE 6 coyers period S 2396 ğΨ â S Type or print in ink. Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor 7-4416 Date of election if applicable: (Month, Day, Year) Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent CITY Treasurer(s) Semi-annual Statement NAME OF ASSISTANT TREASURER, IF AN MAILING ADDRESS NAME OF TREASURER OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS Type of Statement: Amendment (Explain below) Preciection Statement PURXIC (Also file a Form 410 Termination) Termination Statement 2/6 A S 文 erra POIN BIND 0 REGISTRAR OF VOTERS 450 Y JUL 3 0 2012 2 RECEIVED BY: Date Stamp STATE STATE 2017/200 9225 ZIP CODE Supplemental Preelection Special Odd-Year Report Quarterly Statement ZIP CODE Statement - Attach Form 495 Page \_\_ CALIFORNIA **FORM** For Official Use Only 34 AREA CODE/PHONE

<u>م</u> ا

JER PAGE

CITY	COMMITTEE ADDRESS STREET		COMMITTER NAME	WITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	not included in this statement that are controlled by you or are pucontributions or make expenditures on behalf of your candidacy.	Related Committees Not Inclu	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	OFFICE SOUGHT OR HELD (INCLUDE LOC	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee	
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)		STATE ZIP CODE AREA CODE/PHONE		CONTROLLED COMMITTEE?	I.D. NUMBER	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: List any committees	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  2/6 PRIMAUSAA CHARTY CO. CO. 9723/	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) $\mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} $	NAME OF OFFICEHOLDER OR CANDIDATE	ntrolled Committee	
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	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 SUPPORT	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE	ned Candidate/Officeholder Committee List names of candidate(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	PONENT	lidate, or state measure proponent, if any	OPPOSE		ommittee	Page of

# Campaign Disclosure Statement Summary Page

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

Statement covers, period

from \_

CALIFORNIA FORM

SUMMARY PAGE

Page \_\_

through 6/30/

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	\$ 60	17. LOAN GUARANTEES RECEIVED Schedule B. Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above
*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	1/98.00	
s	\$ 602.93	\$ 602.93	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)	\$ 602.93	\$ 602,93	7. Loans Made
Expenditure Limit Summary for State Candidates	\$ 602.93	\$ 602.93	xpenditures Made  Payments Made
20. Contributions  Received \$\$  21. Expenditures  Made \$\$	\$ 7,198.00	\$ 1194.00	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
General Elections  1/1 through 6/30 7/1 to Date	\$ 1,196.00	\$ / 1 95.00	1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 132396.			NAME OF FILER JOHN REENISON
100			SEE INSTRUCTIONS ON REVERSE

# Schedule A

Type or print in ink.

SCHEDULE A

		<b>W</b> 7	\$UBTOTAL\$		:	
				OSCC OSC		
				DOTH SCC	Ç	
				OSCC OSC		84
	000.00	000.2	t.	OSCC PTY	C. W. ASSOCIATES	6/14
PER ELECTION TODATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	DATE RECEIVED
1.5. NUMBER 1.32396.	1.D. NI			The state of the s	JOHN RINISM	NAME OF FILER
4 of 5	3/12 Page	through 6/2			SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIO
CALIFORNIA 460		Statement covers period from 1/1/12	to whole dollars.	to v	Monetary Contributions Received	Monetary

## Schedule A Summary

- 1. Amount received this period itemized monetary contributions.

  (Include all Schedule A subtotals.) ......\$
- 3. Total monetary contributions received this period.

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

\*Contributor Codes

000.00

98,00

IND – Individual

COM – Recipient Committee

(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)

### Payments Made Schedule E

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

Statement covers period

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

through Page / I.D. NUMBER

	Onliemized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	1100 W. IM PROPER CAUSERY CA.	TO SSOUMED SONXINGS	De broc.	NAME AND ADDRESS OF PAYEE (IF COMMTTEE, ALSO ENTER LD. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Of the campaign paraphernalia/misc.  CNP 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  LT campaign literature and mailings  COPC office expenses  OFC office expenses  OFC office expenses  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
ne Summary	Column (e		İ	arized on Sch	5	•	OPC	CODE OR	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
TOTAL \$		\$_ <del></del>		SUBTOTAL	KNKN7 \$2	BOWNER FOR	334 3447	DESCRIPTION OF PAYMENT	wment, you may enter the code. Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  petition circulating  petition circulating  phone banks  phone banks  polling and survey research  postage, delivery and messenger services  professional services (legal, accounting)  WEB information technology costs (internet, e-mail)
602.93	106.75	000000000000000000000000000000000000000		300,00	2.00.00		00.0D	AMOUNT PAID	e candidale/sponsor mail)

### Cover Page Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. (Government Code Sections 84200-84216.5) Campaign Statement ਜੋ acipient Committee SEE INSTRUCTIONS ON REVERSE Verification Committee Information under penalty of perjury under the laws of the State of California that the foregoing is true and correct 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 CITY STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE シャット すり OPTIONAL: FAX / E-MAIL ADDRESS General Purpose Committee Officeholder, Candidate Controlled Committee 1812150X Small Contributor Committee Political Party/Central Committee (Also Complete Part 5) State Candidate Election Committee Executed on Executed on Executed on Executed on Sponsored 201 Dale Date ZZ STATE STATE SUDEN CISOR ZIP CODE I.D. NUMBER 3 2 Primarily Formed Candidate/ ControlledSponsored Primarily Formed Ballot Measure Officeholder Committee (Also Complete Part 6) Committee (Also Complete Part 7) 70 through, Statement covers period AREA CODE/PHONE AREA CODE/PHONE 760) βy ву Ъ В 396. Type or print in ink Trature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor 7.4416 Signalure of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent Date of election if applicable: (Month, Day, Year) Ņ CITY MAILING ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) プログメルロ Type of Statement: Preelection Statement Semi-annual Statement Amendment (Explain below) (Also file a Form 410 Termination) Termination Statement anto reass 101 TOOM DAMING J REGIST 051 JAN 3 1 2013 RECEIVED SY: Date Stanto R OF VOTERS STATE No SINSIE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Quarterly Statement Special Odd-Year Report 760 Page For Official Use Only AREA CODE/PHONE AREA CODE/PHONE oţ /ER PAGE

Officeholder or Candidate Controlled Committee

က

Primarily For NAME OF BALLOT

NAME OF OFFICEHOLDER OR CANDIDATE

Mo

R. RENISON

*	CALIFORNIA FORM	ORNIA 460
Primarily Formed Ballot Measure C	Committee	
VAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER JURISDICTION		SUPPORT
Identify the controlling officeholder, candidate, or state measure proponent, if any.	didate, or state measure propo	onent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	PONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
Primarily Formed Candidate/Officeholder Committee List	eholder Committee List names of committee is primarily formed.	mes of
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
		:

1216 DRIMAURRA, CUCESICO, CA.

RESIDENTIAL/BUSINESS ADDRESS (NÓ. AND STREET)

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: List any committees

I.D. NUMBER

CONTROLLED COMMITTEE?

Primarily Fo

☐ YES

ő SUPIENUISOR,

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

D157.

CITY

STATE

Attach continuation sheets if necessary

CITY

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

CITY

COMMITTEE NAME

NAME OF TREASURER

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

I.D. NUMBER

CONTROLLED COMMITTEE?

☐ YES

□ 8

COMMITTEE NAME

### Summary Page Campaign sclosure Statement

SEE INSTRUCTIONS ON REVERSE

Type or pr. ink.
Amounts may be rounded to whole dollars.

Statement cover:

from \_

0

	1/12	7	period	
D NIMBER	Page 3 of 3	FORM	CALIFORNIA / CA	"IMARY PAGE

18 15. Cash Payments... 14. Miscellaneous Increases to Cash..... 13. Cash Receipts ..... 12. Beginning Cash Balance ..... 11. TOTAL EXPENDITURES MADE 10. Nonmonetary Adjustment ...... ထ Ø Ó Expenditures Made Ç 4 ယ N Cash Equivalents and Outstanding Debts 17. LOAN GUARAINTEES RECEIVED 16. ENDING CASH BALANCE ....... Add Lines 12 + 13 + 14, then subtract Line 15 **Current Cash Statement** NAME OF FILER Contributions Received If this is a termination statement, Line 16 must be zero SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills) ..... Loans Made ..... Payments Made..... Nonmonetary Contributions..... SUBTOTAL CASH CONTRIBUTIONS Monetary Contributions ..... TOTAL CONTRIBUTIONS RECEIVED Loans Received Cash Equivalents... ...... Column A, Line 8 above Frevious Summary Page, Line 16 IPKN150M ..... Schedule C, Line 3 ..... Add Lines 6 + 7 See instructions on reverse ..... Schedule F, Line 3 Column A, Line 3 above ...... Add Lines 3 + 4 Schedule H, Line 3 Schedule E, Line 4 Schedule B. Line 3 Schedule A, Line 3 Schedule B, Part 2 Schedule C, Line 3 Schedule I, Line 4 Add Lines 1 + 2 64 69 <del>(</del>A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 5 Column A 6 6 0 Q 0 0 any). for this calendar year, only the first report being filed subtracted from previous report. Some amounts in from Column B of your last amounts in Column A to the from Lines 2, 7, and 9 (if carry over the amounts figures that should be corresponding amounts To calculate Column B, add period amounts. If this is Column A may be negative Column B CALEHDAR YEAR TOTAL TODATE 6 6 90 1900 8,00 , G 33 00 through 00 reported in Column B \*Amounts in this section may be different from amounts Candidates Expenditure Limit Summary for State Running in Both the State Primary and 21. Expenditures 20. Contributions General Elections Calendar Year Summary for Candidates Received Made Date of Election (mm/dd/yy) 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 49 40 fotal to Date 7/1 to Date

19. Outstanding Debts ......

Add Line 2 + Line 9 in Column B above

÷

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

### Payments Made Schedule E

Type or print in ink.

Amounts may be rounded to whole dollars.

from through Statement coyers period 7 Page \_ 100

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

e of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	Mossims of myo	
enter the code. Otherwise, describe the payment.	132396	I.D. NUMBER

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

0

Q O

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   Date  Signature of Total Only Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature of Controlling Critical Size Measure Proponent or Responsible Office of Source  Signature Office of Source  Signature Office Office Office Office Office Off	1	MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX	Calexico CA 92231	1216 Primavera Drive,	Supervisors District # 1	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  COMMITTEE)	3. Committee Information 132693	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)  Statement cover  1/1  Type of Recipient Committee: All Committee Committee State Candidate Controlled Committee State Candidate Election Committee Recall Also Complete Part 5) Sponsored Small Contributor Committee Small Controlled Committee Also Complete Part 7)  Primarily Formed Ballot Me Committee Sponsored Also Complete Part 7)  Primarily Formed Candidate Officeholder Committee Also Complete Part 7)
sment and to the best of my knowledge the information contained herein and in the attached sched foregoing is true and correct.  By Signature of Toward Controlling Officeholder Candidate, State Measure Proponentor Responsible Officer of Stornson	OPTIONAL FAX / E-MAIL ADORESS	AREA CODE/PHONE CITY	AREA CODEIPHONE NAME OF ASSISTANT TREAST 760-357-4416	CITY Calexico	MAILING ADDRESS 1216 Primavera Drive	Ana Rosa Renison		Type or print in ink.  Statement covers period   Date of election if applicable:   1/1/13
erein and in the attached schedules is tru	RESS	STATE ZIP CODE	TREASURER, IF ANY	STATE ZIP CODE CA 92231				FILED FILED FILED JUL 29 2013  RECEIVED BY:  CAL Page Supplementa Firmination)  CAL Page Supplementa State ment - A Below)
ue and complete, I cortify		AREA CODE/PHONE		AREA CODE/PHONE 760-357-4416				CALIFORNIA 460 FORM  Page 1 of 4 For Official Use Only  Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495

	Executed on	Executed on Dinte	Executed on E/29/12  Executed on E/29/12
FPPC Toll-Free Heigline: 866/ASK-F	BySignature of Controlling Office holder, Canadate, State Measure Proponent Eppic For	By Signature of Controlling Officeholder, Candidate, State Measure Proporeint	By Signature of Tuestrip, or Assistant Treasurer  By Signature of Tuestrip, or Assistant Treasurer  By Signature of Controlling Officeholder, Candidate, State Measure Proponentor Responsible Officer of Sponsor

## Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

CALIFORNIA FORM	COVER
460	COVER PAGE - PART 2

Page \_

of I

	Attach continuation sheets if necessary	Attach continuatio	STATE ZIP CODE AREA CODE/PHONE	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	STREET ADDRESS (NO PO BOX)	COMMITTEE ADDRESS STREET AD
SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED CONTROLLED	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	HAME OF OFFICEHOLDER OR CANDIDATE	STATE ZIP CODE AREA CODE/PHONE	COMMITTEENAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	(NOPO BOX)	MITTEE ADDRESS
names of	eholder Committee List	<ol> <li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>	CONTROLLED COMMITTEE?	NAME OF TREASURER
AWY	DISTRICT NO IF ANY	OFFICE SOUGHT OR HELD	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.	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.
	OPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Related Committees Not Included in this Statement: List any committees	Related Committees Not Includ
ponent, if any.	lling officeholder, candidate, or state measure proponent, if any	ldentify the controlling officeholder, can	<u>@</u>	1216 Primavera Drive, Ca
OPPOSE		With the state of	CITY	Supervisor, District # 1 Imperial County
SUPPORT		BALLOT NO OR LETTER JURISDICTION	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCA
				John Renison
	Committee	6. Primarily Formed Ballot Measure Committee	rolled Committee	5. Officeholder or Candidate Controlled Committee

Type or print in ink.

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Toll-		\$n/a	Outstanding Debts Add Line 2
		from Lines 2, 7, and 9 (if any).	s n/a	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse
		for this calendar year, only carry over the amounts	m/a	17, LOAN GUARANTEES RECEIVED Schedule B Part 2
		period amounts. If this is the first report being fled		If this is a termination statement. Line 16 must be zero.
		Column A may be negative figures that should be	\$ 2570.28	ALANCE Adc Lines 12 + 13 + 1
olumn B.	reported in Column B	from Column B of your last report. Some amounts in	542.43	14 Miscellaneous Increases to Cash Schedule Line 4
*Amounts in this section may be different from amounts	'Amounte in I	amounts in Column A to the corresponding amounts	2,200.00	Cash Receipts
\$		To calculate Column B add	\$ 912.71	Current Cash Statement  12. Beginning Cash Balance
\$		\$ 542.43	\$ 542.43	11. TOTAL EXPENDITURES MADE
	(mm/c	mala mana mana i alamah, mala inda mala da da mala da da mana da da mana da da mana da da mana da mana da da m		). Nonmonetary Adjustment
Date of Election Total to Date	Date of			
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22.			8. SUBTOTAL CASH PAYMENTS SOTIEGIES 6+7
Ü	Candidates	310	5 074.73	Payments Made
Expenditure Limit Summary for State	Expenditu	542 43		xpenditures Made
ures	21. Expenditures Made	\$ 2,200.00	\$ 2,200.00	4. Nonmonetary Contributions
tions	20. Contributions Received	\$ 2,200.00	\$ 2,200.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date			6	2 Joans Received Schedule & Line 3
ections	General Elections	2,200.00	£ 2,200.00	200000000000000000000000000000000000000
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar \	Column B CALENDAR YEAR TOTAL TODATE	Column A TOTAL THIS PERIOD HEROMATTACHED SCHEDULES	Contributions Received
132693				John Renison
ID NUMBER				NAME OF FILER
13 Page 3 of 4	6/30/13	through		SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period 1/1/13	fro	to whole dollars.	Summary Page
			Valley of most specific at the second of the	Campaign Disclosure Statement

## **Monetary Contributions Received** Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Renison

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

Statement covers period

SCHEDULE A

from through 1/1/13 6/30/13 Page \_ 4 9

132693 1 D. NUMBER

		6/12/13	6/11/13	6/13/13	3/5/13	DATE
The state of the s		Poirez Properties P.O. Box 2240 Calexico, CA 92231	Pyramid Construction Inc. 839 Dogwood Rd. El Centro, CA 92243	Schaefer Ambulance Service 4627 Beverly Blvd. Los Angeles, CA 90004	Charles Hosken 1996 Chambers Lane Hollville,CA 92250	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)
	DSCC DIND	COM COM DOTH SCC	SCC SCOM	□ IND □ OTH □ SCC	©IND □COM □PTY SCC	CONTRIBUTOR
\$UBTOTAL					Self employed	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)
2,200.00	2	200.00	1,000.00	500.00	500.00	AMOUNT RECEIVED THIS PERIOD
						CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
						PER ELECTION TODATE (IF REQUIRED)

## Schedule A Summary

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

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

: 69 60

2,200.00

n/a

TOTAL \$

2,200.00

### Schedule E Payments Made

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from 1/1/13		
(1)	from	Statement
	1/1/13	covers

6/30/13 Page 132693 ID NUMBER S 익 O

through

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

급변율 CVC CNS P.O. Box 55000 Delroit, MI 48255 National Pen civic donations candidate filing/ballot fees contribution (explain nonmonetary) campaign consultants campaign paraphernalia/misc campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)? fundraising events NAME AND ADDRESS OF PAYER OF COMMITTEE ALSO ENTER LD. NUMBER POS 医器型 OFC. MIG office expenses professional services (legal, accounting) polling and survey research phone banks petition circulating meetings and appearances member communications postage, delivery and messenger services 0000 CMP 8 Campaign pens DESCRIPTION OF PAYMENT SAL RFD. TSF TRS 절된 information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs voter registration staff/spouse travel, lodging, and meals AMOUNT PAID

\$321.59

## Schedule E Summary

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

SUBTOTALS

321,59

69 €9

> 220,84 321,59

n/a

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

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

542,43

### (Government Code Sections 84200-84216.5) Cover Page Campaign Statement SEE INSTRUCTIONS ON REVERSE Recipient Committee Verification Officeholder, Candidate Controlled Committee under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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 Committee Information Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. OPTIONAL FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO COX Calexico STREET ADDRESS (NO PO BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO CONTINUES) 1216 Primavera Drive Committee to Elect John R. Renison General Purpose Committee Small Contributor Committee Political Party/Central Commi (Also Complete Part 5) State Candidate Election Committee Executed on Recall Executed on Executed on Executed on Political Party/Central Committee Sponsored STATE STATE 92231 ZIP CODE ZIP CODE 1D NUMBER 1326396 Primarily Formed Candidate/ Primarily Formed Ballot Measure Officeholder Committee (Also Complete Part 6) (Also Complete Part 1) Sponsored Committee Controlled from through Statement covers period 760-357-4416 AREA CODE/PHONE AREA CODE/PHONE B By 12/31/13 1/1/13 Type or print in ink. Signature of Controlling Officeholder Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent Date of election if applicable: (Month, Day, Year) 'n CITY OPTIONAL FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS Alejandra Again's NAME OF TREASURER Treasurer(s) Calexico Type of Statement: 12/6 Amendment (Explain below) Semi-annual Statement (Also file a Form 410 Termination) Termination Statement Preelection Statement VOSTANO VARACION いなんしんな ひん REGISTRAR OF VOTERS JAN 3 1 2014 Date Stamp RECEIVED BY: STATE de Officer of Sponso S 92231 Supplemental Preelection Special Odd-Year Report Quarterly Statement Statement - Attach Form 495 Page \_ CALIFORMA For Official Use Only 760-956-8247 AREA CODE/PHONE AREA CODE/PHONE 9 COVER PAGE

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
John R. Renison			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	CT NUMBER IF APPLICABLE)	BALLOTNO. OR LETTER JURISDICTION	SUPPOR
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY  1216 Primavera Drive. Calexico	ET) CITY STATE ZIP Calexico CA 92231	Identify the controlling officeholder, candidate, or state measure proponent, if an	te measure proponent, if :
Not Included in	atomont: List on committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
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.	or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO IF ANY
COMMITTEENAME	ID. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? 7	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	mmittee List names of primarily formed.
COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	HT OR HELD [7] SUPPORT
CHTY STATE ZIP	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
	TO NOMBEN	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
NAME OF TREASURER  COMMITTEE ADDRESS STREET ACDRESS (NO PO. BOX)	CONTROLLED COMMITTEE?  OX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPOR
CITY STATE ZIP (	ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary	icessary

# Campaign Disclosure Statement Summary Page

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

from .

Statement covers period

1/1/13

CALIFORNIA 460 SUMMARY PAGE

FPPC Form 460 (January/05)		s n/a	Outstanding Debts Add Line 2
	from Lines 2, 7, and 9 (if any).	\$ n/a	Cash Equivalents and Outstanding Debts  18. Cash Equivalents
	the first report being filed for this calendar year, only carry over the amounts	\$ n/a	17. LOAN GUARANTEES RECEIVED Schedule B. Parl 2
	subtracted from previous period amounts. If this is		ment, Line 16 must be zei
	Column A may be negative figures that should be	\$ \$7,788.44	ENDING CASH BALANCE Add Lines 12 + 13 +
reported in Column B.	report. Some amounts in	\$16,837.84	Cash Payments
*Amounts in this section may be different from amounts	corresponding amounts	n/a	normases to Cash
	To calculate Column B, add amounts in Column A to the	69	
\$		\$2,570.28	Current Cash Statement
**************************************			
A	\$ \$17,830.27	\$ 16,837.84	11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10
	n/a	n/a	10. Nonmonetary Adjustment Schedule C. Line 3
Date of Election Total to Date	n/a	n/a	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ \$17,830.27	\$ \$16,837.84	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
	n/a	n/a	7. Loans Made
Expenditure Limit Summary for State Candidates	\$ 17,830.27	\$ \$16,837.84	Expenditures Wade  6. Payments Made
Made \$	\$ N/A	«N/A	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
21 Eypandituras	N/A	N/A	S6
ons	\$25,056.00	\$22,056.00	
1/1 through 6/30 7/1 to Date	N/A	N/A	
	\$25,256	\$ \$22,056.00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TODATE	Column A TOTAL THIS PERIOD (FROWATTACHED SCHEDULES)	Contributions Received
1326396			Committee to Elect John R. Renison
D NUMBER			NAME OF FILER
12/31/13 Page 3 of 17	through -		SEE INSTRUCTIONS ON REVERSE

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

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period 1/1/13

from \_

through \_

12/31/13

Page 4

I.D NUMBER

CALIFORNIA 460 SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3:		9	19. Original R. Done
	from Lines 2, 7, and 9 (if any).	s n/a	s and Outsta
	for this calendar year, only carry over the amounts	\$ n/a	17. LOAN GUARANTEES RECEIVED Schedule B. Part 2
	figures that should be subtracted from previous period amounts. If this is	\$ 47,100.44	16. ENDING CASH BALANCE
*Amounts in this section may be different from amounts reported in Column B.	from Column B of your last report. Some amounts in Column A may be negative	\$16,837.84	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments
	To calculate Column B, add amounts in Column A to the	\$2,570.28	12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A Line 3 above
\$			Current Cash Statement
69	\$ \$17,830.27	\$ \$16,837.84	11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10
Date of Election Total to Date (mm/dd/yy)	n/a	n/a	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3  10. Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (H Subject to Voluntary Expenditure Limit)	\$ \$17,830.27	\$ \$16,837.84	SUBTOTAL CASH PAYMENTS Add Lines 6 +
	n/a	n/a	Loans Made Schedule H
Expenditure Limit Summary for State Candidates	\$ 17,830.27	\$ \$16,837.84	Expenditures Made  6. Payments Made
	\$ N/A	\$ N/A	5. TOTAL CONTRIBUTIONS RECEIVED
21. Expenditures	N/A	N/A	4. Nonmonetary Contributions
ons *	\$25,056.00	\$ \$22,056.00	3. SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	\$ \$25,256 N/A	\$ \$22,056.00 N/A	Monetary Contributions Schedule A. Line
Running in Both the State Primary and General Elections	CALENDAR YEAR TOTAL TODATE	TOTAL THIS PERIOD  FROMATTACHED SCHEDULES	Contributions Received
Calendar Year Summary for Candidates	Column B	Column A	
1326396			Committee to Elect John R. Renison

y/05) 3772)

## Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect John R. Renison

Amounts may be rounded Type or print in ink.

to whole dollars.

Statement covers period

SCHEDULE

1/1/13 12/31/13 Page S

through

CALIFORNIA FORM 460

1326396 D NUMBER

of,

7/30/13 7/20/13 6/21/13 1/15/13 7/2/13 RECEIVED DATE FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE \* Calexico, CA 92231 1001 Blair Avenue Calexico, CA 92231 1091 Plata Drive Ramza, Inc 302 East 3rd De Anza Pharmacy M. Kelada Phoenix, AZ 85054 18500 N. Allied Way Republic Services, Inc. Calexico, CA 92231 Aggregate Products Inc MOD SIND OTH SCC ON SCC OSCC PTY SCC SCC SCC NOTH SCC IND Physician IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD \$1,000.00 \$500,00 \$300,00 \$300.00 \$450,00 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) \$1,000.00 \$500.00 \$300,00 \$450.00 \$300,00 O σ PERELECTION TODATE (IF REQUIRED) d

## Schedule A Summary

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

N

TOTAL \$ \$23,056,00

. \$9

\$18,644.00

\$2,206.00

"Contributor Codes IND-Individual

COM - Recipient Committee

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

SCC ~ Small Contributor Committee

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

NAME OF FILER

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

through 12/31/13	from1/1/13	Statement covers period
Page 6 of 17	FORM 460	SCHEDULE A (CONT)

I.D. NUMBER

	8/19/13	8/28/13	8/27/13	8/27/13	8/27/13	DATE	Committee
	Morgan Johnson 1247 Garnet Calexico, CA 92231	Raul De Anda 1632 Gateway Rd., Ste 1 Calexico, CA 92231	Charles Schmid 1710 Orange Blossom Enciinitas, CA	Jordan Penn P.O. Box 525 Del Mar Del Mar, CA 92014	Chelsea Investment Corporation 5993 Avenida Encinas, Ste. 101 Carlsbad, CA 92008	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	Committee to Elect John R. Renison
	DIND DOTH SCC	Dind COM DOTH SCC	ZiND COM DOTH SCC	OTH SCC	DIND COM DOTH SCC	CONTRIBUTOR CODE *	
SUBTOTAL \$	Truck Parking owner	Truck Parking business	Property Manager Chelsea Investment Carlsbad, CA	Property Manager chelsea Investment Carlsbad, CA		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	
THE SECOND SECOND	\$250.00	\$500,00	\$150.00	\$100.00	\$500.00	AMOUNT RECEIVED THIS PERIOD	
000001	\$250.00	\$500.00	\$150,00	\$100.00	\$500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	1326396
00						PERELECTION TODATE (#F REQUIRED)	396

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

1/1/13

FORM 460

SCHEDULE A (CONT.)

	through 12/31/13	Page 2 of 17
AME OF FILER		D NUMBER
Committee to Elect John R. Renison		1326396

	10.3.13	8/30/13	8/24/13	9/6/13	9/6/13	DATE RECEIVED
	Sempra Energy 101 Ash St. San Diego, CA	Robert Hemphill 4301 Fairfax Dr. Ste. 360 Arlington, VA 22203	William Peavey 15112 Vali Hai Rd. Poway, CA	Econcentro 201 E. Second St. Calexico, CA 92231	Wong and Associates 725 Imperial Avenue Calexico, CA 92231	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEL ALSO ENTER ID NUMBER)
	JCOM DOTH SCC	OND COM	DCOM DOTH DTY	DIND DIVID	OTH PTY	CONTRIBUTOR CODE *
SUBTOTAL \$		Solar investor	Portfolio Manager			IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTERHAME OF BUSINESS)
	\$1,000.00	\$500.00	\$125.00	\$1,000.00	\$1000,00	AMOUNT RECEIVED THIS PERIOD
00.529 6	\$1,000.00	\$500.00	\$125.00	\$1,000.00	\$1000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
5,00						PER ELECTION TO DATE (IF REQUIRED)

'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

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Committee to Elect John R. Renison

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

				ď	
	The second secon	12/31/13	from1/1/13	Statement covers period	
1326396	1 D NUMBER	Page & of 17	FORM 400	CALIFORNIA	SCHEDULE A (CONT.)

	9/12/13	11/6/13	11/1/13	102113	10/20/13	DATE RECEIVED
	Granite Construction Company P.O. Box 50085 Watsonville, CA 95077	Cachanila Parking and Storage 802 C: Kloke Rd. Calexico, CA 92231	Clara Valdivia 1236 AC Nogales St. Calexico, CA 92231	Martin Nunez 233 E. 4th St. Calexico, CA 92231	Pat Seay 3751 Blossom Way El Centro, CA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEL ALSO ENTER ID NUMBER)
	SOC SOC	IND OTH SCC	ZIND COM PTY	IND SCC	□ COM □ COM □ PTY □ SCC	CONTRIBUTOR CODE *
SUBTOTALS			Relired	Immigration Consultant	Realtor	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	\$1,000.00	\$190 00	\$190.00	\$190.00	\$200.00	AMOUNT RECEIVED THIS PERIOD
177	\$1,000.00	\$190.00	\$190.00	190.00	\$200.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
,770.00						PER ELECTION TO DATE (IF REQUIRED)

\*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

Committee to Elect John R. Renison

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

from\_ through Statement covers period 1/1/13 12/31/13 Page \_\_ FORM 460 1326396 +D NUMBER SCHEDULE A (CONT.) of |

	James Mc Neal 414 East Elm Burbank, CA		8./9/13 Donald Gibson P.O. Bos 157 Brawley, CA 92		3	
Burbank, CA	James Mc Neal 414 Fast Elm	Donald Gibson P.O. Bos 157 Brawley, CA 92227		Excel Property Management P.O. Box 5357 Beverly Hills, CA 90209	Mylo Janitorial P.O. Box 802 El Centro, CA 92231 Excel Property Management P.O. Box 5357 Beverly Hills, CA 90209	HAVEN AND SONS TRUCKING 603 East Main St. El Centro, CA 92243  Mylo Janitorial P.O. Box 802 El Centro, CA 92231  Excel Property Management P.O. Box 5357 Beverly Hills, CA 90209
				gement 09	gement 09	TRUCKING gement
	DIND DOTH SCC	OTH SCC		SCC PTY	SCC	SCC
(0						
SURTOTALS						
	\$500.00	\$249.00		\$5,000.00	\$1,000.00 \$5,000.00	\$500.00 \$1,000.00 \$5,000.00
28 BACC	\$500.00	\$249.99		\$5,000.00	1,000.00 \$5,000.00	\$500.00 1,000.00 \$5,000.00
. 99			The state of the s			

IND - Individual "Contributor Codes

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**

NAME OF FILER

Committee to Elect John R. Renison

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

through 12/31/13 Page 10 of 17
--------------------------------

1326396

				8/21/13	8/21/13	DATE
				Chun Nan Lo 1510 Melanie Ln. Arcadia, CA	Chun Nan Lo 1510 Melanie Ln. Arcadia, CA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOENTER ID NUMBER)
	OTH SCC	OTH SCC	IND COM	ZIND COM OTH PTY	□ COM □ COM □ OTH □ PTY □ SCC	CONTRIBUTOR CODE *
\$1ALOLARS				Investor	Investor	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER INFSELF-EMPLOYED ENTER NAME OF BUSINESS)
				\$300.00	\$300.00	AMOUNT RECEIVED THIS PERJOD
\$600.00				\$300.00	300.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
0						PER ELECTION TO DATE (IF REQUIRED)

IND - Individual

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

### Payments Made Schedule E

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

from through Statement covers period 1/1/13 12/31/13 1326396 Page ID NUMBER

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

Committee to Elect John R. Renison

QVIP campaign paraphernalia/misc.		CODES: If one	000000000000000000000000000000000000000
	aphernalia/misc.	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise,	
	MB	scribes the	
	R member	paymen	
	MBR member communications	t, you may enter the code.	
	RAD		
	radio airtime and production of	describe the payment	
	costs		

		The second secon
Hats and tee shirts \$403.00	CMP	Francisco Aguirre Calexico, CA
Promotional banners \$250.00	LIT	U.S. Postal Service Calexico, CA 92231
Promotional pens \$321.59	CMP	National Pen Company P.O. Box 55000 Detroit, MI 48255
DESCRIPTION OF PAYMENT AMOUNT PAID	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)
the code. Otherwise, describe the payment.  RAD radio aritime and production costs  RFD returned contributions  SAL campaign workers salaries  TEL t.v. or cable aritime and production costs  TRC candidate travel, lodging, and moals  TRS staff/spouse travel, lodging, and meals enger services  TSF transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, c-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 services 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.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MBR member communications  MBR member communications  MTG meetings and appearances  OFC office expenses  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  PRO professional services (legal, accounting)  WEB information technology of the payment, you may enter the code. Otherwise, describe the payment when product RAD radio aritime and product communications  RAD radio aritime and product campaign workers salar recall to campaign workers sala

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### SUBTOTAL\$

## Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals )....
- 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).)
- 4. Total payments made this period. (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

\$16,837.84

NA

69 60

> \$9,843.48 \$6,994.38

### Payments Made (Continuation Sheet) Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect John R. Renison

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Type or print in ink.
Amounts may be rounded to whole dollars. from. through Statement covers period 1/1/13 12/31/13 CALIFORNIA 460 1326396 Page 12 of 17 LO NUMBER SCHEDULE E (CONT.)

SUBTOTAL \$ F77. 82	SUBTOTAL \$	Schedule D.	e summarized o	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
\$124.78	Campaign cell phone	MBR		T Mobile El Centro, CA 92243
\$202.75	Pens	CMP		4 Imprint 101 Commerce St. Oshkosh, WI 54901
\$110.98	Office Supplies	OFC		Best Buy
\$139.31	Scanner	OFC		Best Buy El Centro, CA 92243
\$300.00	Gasoline campaign expense	TRC		Shell Oil Company
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)
s me candidate/sponsor mail)	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  TRS staff/s	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MBR member community MTG meetings and app MTG office expenses PET petition circulating PHO phone banks POL polling and survey PCS postage, delivery PRO professional servi PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense

### Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

Committee to Elect John R. Renison

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

SCHEDULE E (CONT.

from

1/1/13

through

12/31/13

1326396

CALIFORNIA Page 13 D NUMBER FORM

두돈옷목 CVC CVC CODES: If one of the following codes accurately describes the Detroit, MI El Centro, CA 92243 El Centro, CA 92243 Staples National Pen MANA of Imperial Valley El Centro, CA 92243 Driscolls Sports Wear Imperial and State Calexico, CA 92231 1030 Encinas Avenue Calexico Gridiron Committee civic donations campaign consultants campaign paraphernalia misc candidate filing/ballot fees contribution (explain nonmonetary)\* campaign literature and mailings fundraising events legal defense independent expenditure supporting/opposing others (explain)? NAME AND ADDRESS OF PAYEE (IF COMMITTEE: ALSO ENTER LD NUMBER PROPERTY OF THE PROPERTY OF TH MBR payment, you may enter the code. Otherwise, describe the payment office expenses professional services (legal, accounting) polling and survey research phone banks petition circulating meetings and appearances member communications postage, delivery and messenger services CODE CMP CTB CMP CMP CNB 유 Pens Annual fundraising event Office supplies Football program Windbreakers and sweatshirts DESCRIPTION OF PAYMENT WEB VOT SAL RFD TRS TRC 臣 transfer between committees of the same candidate sponsor information technology costs (internet, e-mail staff/spouse travel, lodging, and meals returned contributions voter registration candidate travel, lodging, and meals t,v. or cable airtime and production costs campaign workers' salaries radio airtime and production costs AMOUNT PAID \$141.79 \$100.00 \$146.88 \$158.04 \$250.00

SUBTOTAL \$

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