

**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 10-17-10 through 1-31-11

Date of election if applicable: (Month, Day, Year) 11/2/10

|                            |                           |
|----------------------------|---------------------------|
| Date Stamp                 | JAN 31 2011               |
| <b>CALIFORNIA FORM 460</b> | Page <u>1</u> of <u>7</u> |
|                            | For Official Use Only     |

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

- Officer/holder, 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/Officer/holder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

**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 Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) John R. Remison I.D. NUMBER 132396

For Supervisor District I Imperial County  
 1216 Palmavera Dr.  
 1216 Palmavera Dr.  
 Imperial, Ca. 92231 (760) 357-4416

Treasurer(s) Ava Rosa Remison

NAME OF TREASURER Ava Rosa Remison  
 MAILING ADDRESS 1216 Palmavera Dr.  
Imperial Ca. 92231 (760) 357-4416

CITY Imperial STATE Ca. ZIP CODE 92231 AREA CODE/PHONE (760) 357-4416  
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 OPTIONAL: FAX / E-MAIL ADDRESS

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 1-30-2011  
 Executed on 1/30/11

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

Executed on \_\_\_\_\_  
 Executed on \_\_\_\_\_

By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
John R. Renison  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Superior District I  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1216 Palm Avera Dr. Colton, Ca. 92231

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                  | CONTROLLED COMMITTEE?   |
|-------------------|------------------------------|---|
| NAME OF TREASURER |                              | <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?<br><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                          | 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 PERIOD  
 from 10-17-10 through 1-31-11

CALIFORNIA FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE TO ELECT JOHN R. REMISON SUPERVISOR DISTRICT 2

I.D. NUMBER: 132396

**Contributions Received**

|                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 \$ <u>2,421.00</u>                      | \$ <u>18,859.00</u>                        |
| 2. Loans Received .....               | Schedule B, Line 3   |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2 \$ <u>2,421.00</u>                         | \$ <u>18,859.00</u>                        |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3   |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4 \$ <u>2,421.00</u>                         | \$ <u>18,859.00</u>                        |

**Expenditures Made**

|  |   |                     |                     |
|--|---|---------------------|---------------------|
| 6. Payments Made .....                   | Schedule E, Line 4                      | \$ <u>3,347.43</u>  | \$ <u>18,764.90</u> |
| 7. Loans Made .....                      | Schedule H, Line 3                      |                     |                     |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7 \$ <u>3,347.43</u>      | \$ <u>18,764.90</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>3,347.43</u> | \$ <u>18,764.90</u> |                     |

**Current Cash Statement**

|   |   |                    |
|---|---|--------------------|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$ <u>1020.53</u>  |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$ <u>2,421.00</u> |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$ <u>3,347.43</u> |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$ <u>94.10</u>    |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>94.10</u>    |
| If this is a termination statement, Line 16 must be zero. |   |                    |
| 17. LOAN GUARANTEES RECEIVED .....                        | Schedule B, Part 2                            | \$ _____           |

**Cash Equivalents and Outstanding Debts**

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

**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**

| Date of Election (mm/dd/yy) | Total to Date |
|-----------------------------|---------------|
| 1/1/11                      | \$ _____      |
| 1/1/11                      | \$ _____      |

\*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).

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

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

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

Statement covers period  
from 10-17-10  
through 1-31-11

CALIFORNIA  
FORM  
**460**

I.D. NUMBER  
132396

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee To Elect John R. Penson

District I

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10-18-10           | Sarani Properties, Inc.<br>P.O. Box # 96<br>Aptos, Ca. 95001                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000 <sup>00</sup>          |   |                                    |
| 10-18-10           | Poirier Properties, Inc<br>P.O. Box 2410<br>Calaveras, Ca. 92232                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200 <sup>00</sup>           |   |                                    |
| 10-19-10           | Heriberto Oregio<br>P.O. Box # 5313<br>Calaveras, Ca. 92232                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self-Employer<br>Contractor  | 100 <sup>00</sup>           |   |                                    |
| 10-21-10           | Westmont Properties LLC<br>77682 Conroy Club Dr. #43<br>Palm Desert, Ca. 92211               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 600 <sup>00</sup>           |   |                                    |
| 10-25-10           | Brook Seed Company, Inc<br>1399 Forests Rd<br>El Centro, Ca. 92243                           | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 100 <sup>00</sup>           |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>2,000<sup>00</sup></b>   |   |                                    |

**Schedule A Summary**

- Amount received this period - Itemized monetary contributions:  
(include all Schedule A subtotals.) ..... \$ 2000.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 421.00
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2421.00

\*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 E**  
**(Continuation Sheet)**  
**Payments Made**

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

Statement covers period  
from 10-17-10  
through 1-31-11

CALIFORNIA  
FORM **460**

Page 5 of 7

I.D. NUMBER  
132396

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Committee to Elect John R. Remison Supervisor District I*

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL 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
- 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE       | OR | DESCRIPTION OF PAYMENT           | AMOUNT PAID   |
|--|------------|----|----------------------------------|---------------|
| <i>Imperial Printers<br/>430 Main St.<br/>El Centro, Ca. 92234</i>             | <i>LIT</i> |    | <i>Campaign Cards - Posters</i>  | <i>351.26</i> |
| <i>Caleries Flower Market<br/>120-A W. Sherman St.<br/>Calerney, Ca. 92231</i> | <i>CVC</i> |    | <i>Donation Funeral</i>          | <i>100.00</i> |
| <i>Imperial Printers<br/>430 Main St.<br/>El Centro, Ca. 92234</i>             | <i>LIT</i> |    | <i>Campaign Flyers</i>           | <i>105.21</i> |
| <i>Empenol Valley Press<br/>El Centro, Ca. 92234</i>                           | <i>PRT</i> |    | <i>Newspaper Ad</i>              | <i>620.11</i> |
| <i>Table Cloth Factory<br/>YA YA S. Fryer Mart. 626</i>                        | <i>CVC</i> |    | <i>Donation Community Museum</i> | <i>164.99</i> |

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

SUBTOTAL \$ *1341.57*

**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 17-10-10  
through 1-31-11

CALIFORNIA  
FORM **460**  
Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect John R. Rowson Supervisor District I ID NUMBER 132396

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
- CIB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/pollot fees
- FND fundraising events
- ND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MGR 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
- RAO radio airtime and production costs
- RFN returned contributions
- SAL campaign workers' salaries
- TEL tv. 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 (internal, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(if COMMITTEE, ALSO ENTER ID NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT    | AMOUNT PAID |
|---|------|----|---------------------------|-------------|
| CESAR RO DRIGUER<br>Calexico, Ca. 92231                           | PRT  |    | Outdoor Advertisement.    | 200.00      |
| El Sol del Valle<br>155 W. Main Street<br>El Centro, Ca.          | PRT  |    | Newspaper Ad              | 180.00      |
| Bude And Corp. 460<br>Calexico, Ca. 92231                         | CVE  |    | Donation City of Calexico | 170.00      |

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

SUBTOTAL \$ 550.90

~~182247~~

**Schedule E  
Payments Made**

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

|   |                                  |
|---|----------------------------------|
| Statement covers period<br>from <u>12-10-10</u><br>through <u>1-31-11</u> | CALIFORNIA<br>FORM<br><b>460</b> |
| Page <u>7</u> of <u>7</u>   | I.D. NUMBER<br><u>132396</u>     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER Committee to Elect John R. Remison Supervisor District I

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

|   |   |   |
|---|---|---|
| OMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOI voter registration  |
| LT campaign literature and mailings                               | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER ID. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |
| <b>SUBTOTAL \$</b>   |      |    |                        |             |

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1892.47
- Unitemized payments made this period of under \$100 ..... \$ 1454.96
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 3,347.43
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 3,347.43

**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 11/31/11  
through 6/30/11

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

DATE Stamp  
REGISTRAR OF VOTERS  
AUG 01 2011  
RECEIVED BY: gt 11:05

CALIFORNIA 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 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)  
PRINLISON FOR SUPERVISOR

I.D. NUMBER 182396

Treasurer(s) ANITA ROSE PRINLISON

STREET ADDRESS (NO P.O. BOX)  
1216 PRIMAVERA DR.

CITY CASTRICO, CA. STATE CA. ZIP CODE 92231 AREA CODE/PHONE (760)357-9416

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

NAME OF TREASURER  
ANITA ROSE PRINLISON

MAILING ADDRESS  
1216 PRIMAVERA DR.

CITY CASTRICO, CA. STATE CA. ZIP CODE 92231 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 8/11/11 Date  
 Executed on 6/11/11 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officer/candidate, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer/candidate, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer/candidate, 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: JOHN R. RICHMOND  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):  
SENATOR DISTRICT #2  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1216 PRIMAVISOR DR, COLVER, CA 92227

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| COMMITTEE NAME    | I.D. NUMBER | CONTROLLED COMMITTEE?   |
|-------------------|-------------|---|
| NAME OF TREASURER |             | <input type="checkbox"/> YES <input type="checkbox"/> NO                          |
| COMMITTEE ADDRESS |             |   |
| CITY              | STATE       | ZIP CODE  |
|                   |             | AREA CODE/PHONE   |
| COMMITTEE NAME    | I.D. NUMBER |   |
| NAME OF TREASURER |             | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS |             |   |
| 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<br><input type="checkbox"/> OPPOSE                          |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>1/11/11</u><br>through <u>6/30/11</u> | CALIFORNIA<br>FORM <b>460</b> |
| Page <u>3</u> of <u>5</u>  | I.D. NUMBER<br><u>132396</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
JOHN RIVISON.

## Contributions Received

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

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

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ —

21. Expenditures Made \$ —

## Expenditures Made

|                                    |  |             |
|------------------------------------|--|-------------|
| 6. Payments Made                   | Schedule E, Line 4<br>\$ <u>604.75</u>   | \$ <u>—</u> |
| 7. Loans Made                      | Schedule H, Line 3<br>\$ <u>—</u>        | \$ <u>—</u> |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7<br>\$ <u>604.75</u>      | \$ <u>—</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3<br>\$ <u>—</u>        | \$ <u>—</u> |
| 10. Nonmonetary Adjustment         | Schedule G, Line 3<br>\$ <u>—</u>        | \$ <u>—</u> |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10<br>\$ <u>604.75</u> | \$ <u>—</u> |

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

  /  /        \$ —

  /  /        \$ —

## Current Cash Statement

|                                     |  |  |
|-------------------------------------|--|--|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16<br>\$ <u>1130.52</u>          | 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). |
| 13. Cash Receipts                   | Column A, Line 3 above<br>\$ <u>—</u>                        |  |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4<br>\$ <u>604.75</u>                       |  |
| 15. Cash Payments                   | Column A, Line 8 above<br>\$ <u>525.77</u>                   |  |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15<br>\$ <u>—</u> |  |

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

## Cash Equivalents and Outstanding Debts

|                              |  |
|------------------------------|--|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2<br>\$ <u>—</u>                    |
| 18. Cash Equivalents         | See instructions on reverse<br>\$ <u>—</u>           |
| 19. Outstanding Debts        | Add Line 2 + Line 9 in Column B above<br>\$ <u>—</u> |

# Schedule A Monetary Contributions Received

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

Statement covers period  
from 11/11/11  
through 6/30/11

CALIFORNIA  
FORM  
**460**  
Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JEAN RENISON

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(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 TODAY (IF REQUIRED) |
|--------------------|---|--|--|-----------------------------|---|----------------------------------|
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                  |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                             |   |                                  |
| <b>SUBTOTAL \$</b> |   |  |  |                             |   |                                  |

## Schedule A Summary

- Amount received this period -- itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$
- 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.) ..... **TOTAL \$** 2/19

\*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.

|  |                                  |
|--|----------------------------------|
| Statement covers period<br>from <u>1/11/11</u><br>through <u>6/30/11</u> | CALIFORNIA<br>FORM<br><b>460</b> |
| Page <u>5</u> of <u>5</u>  | I.D. NUMBER<br><u>132396</u>     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JTC HW RIKN/SON

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| GAP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RPD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FL  | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (Internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
| <b>SUBTOTAL \$</b>  |      |    |                        |             |

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 604.75
- Unitemized payments made this period of under \$100 ..... \$ 604.75
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 604.75
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 604.75

**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 31 2012**  
**RECEIVED BY:**

**COVER PAGE**  
**CALIFORNIA**  
**FORM 460**  
Page 2 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)
- 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**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 132396

ROSA RENISON  
DISTRICT #1

**Treasurer(s)**

NAME OF TREASURER AYVA ROSA RENISON

STREET ADDRESS (NO P.O. BOX) 1216 PRIMA VERB OR.

MAILING ADDRESS 1216 PRIMA VERB OR.

CITY CHATELICO, CA. STATE CA. ZIP CODE 92231 AREA CODE/PHONE (760)357-4416

CITY CHATELICO, CA. STATE CA. ZIP CODE 92231 AREA CODE/PHONE (760)357-4416

**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 1/30/12  
Date

By [Signature]  
Signature of Treasurer or Assigning Treasurer

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE: JOHN R. REAVISON  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):  
SUDBURY, 01571 # 2  
 RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP  
1216 PRINCETON RD, CALVERTON, VA 22731

**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?<br><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?<br><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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 7/1/11  
through 12/31/11.

Page 3 of 5

ID. NUMBER  
132396

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER JOHN REYNOLDS

## Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | \$ 500.00  | \$ 500.00                                  |
| 2. Loans Received               | —  | —  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | \$ 500.00  | \$ 500.00                                  |
| 4. Nonmonetary Contributions    | —  | —  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 500.00  | \$ 500.00                                  |

## Expenditures Made

|                                    |           |           |
|------------------------------------|-----------|-----------|
| 6. Payments Made                   | \$ 143.13 | \$ 143.13 |
| 7. Loans Made                      | —         | —         |
| 8. SUBTOTAL CASH PAYMENTS          | \$ 143.13 | \$ 143.13 |
| 9. Accrued Expenses (Unpaid Bills) | —         | —         |
| 10. Nonmonetary Adjustment         | —         | —         |
| 11. TOTAL EXPENDITURES MADE        | \$ 143.13 | \$ 143.13 |

## Current Cash Statement

|                                     |           |   |
|-------------------------------------|-----------|---|
| 12. Beginning Cash Balance          | \$ 525.77 | Previous Summary Page, Line 16                |
| 13. Cash Receipts                   | \$ 500.00 | Column A, Line 3 above                        |
| 14. Miscellaneous Increases to Cash | 143.13    | Schedule I, Line 4                            |
| 15. Cash Payments                   | 143.13    | Column A, Line 8 above                        |
| 16. ENDING CASH BALANCE             | \$ 882.64 | Add Lines 12 + 13 + 14, then subtract Line 15 |

## 17. LOAN GUARANTEES RECEIVED

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

## Cash Equivalents and Outstanding Debts

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

## Expenditure Limit Summary for State Candidates

|                                   |      |               |
|-----------------------------------|------|---------------|
| 22. Cumulative Expenditures Made* | \$ — | Total to Date |
| Date of Election (mm/dd/yy)       | —    |               |

\*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER STAN RENNISON

Statement covers period  
from 7/1/11  
through 12/31/11

CALIFORNIA  
FORM **460**  
Page 4 of 8  
I.D. NUMBER 132396.

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/6/11            | RESURVIC SERVICES<br>IMPERIAL, CA 92251   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   |                             |  |                                       |

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 500.00
- 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.) ..... **TOTAL \$** 500.00

\*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 E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER John P. Remison

Statement covers period  
from 7/1/11  
through 12/31/11

Page 5 of 5  
I.D. NUMBER  
132296

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
- 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 tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOI voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
| <b>SUBTOTAL \$</b>  |      |    |                        |             |

\* 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.) ..... \$
2. Unitemized payments made this period of under \$100 ..... \$ 143.13
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 \$ 143.13



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/12  
through 6/30/12

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

Date Stamp  
**FILED**  
REGISTRAR OF VOTERS  
JUL 30 2012  
RECEIVED BY:

CALIFORNIA  
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)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

**2. Type of Statement:**

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) PERNISON FOR SUPERVISOR #1

I.D. NUMBER 132396

**Treasurer(s)**

NAME OF TREASURER ANNA ROSA BASILSON

MAILING ADDRESS 1216 PRIMBUSA DR.

CITY CALIXICO, CA. STATE CA. ZIP CODE 92251 AREA CODE/PHONE (760)357-4411

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 1/30/12

Executed on 1/30/12

Executed on 1/30/12

Executed on 1/30/12

Executed on 1/30/12

Executed on 1/30/12

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

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

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

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

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

By [Signature] 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  
JOHN R. RUSSELL

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
SUPREVISOR, DISTRICT # 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1216 PRIMROSEA, CHATELAIN CT, CA. 92231

**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?<br><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?<br><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 officeholders(s) or candidate(s) for which this committee is primarily formed.**

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 12/31/11 through 6/30/12

Page 3 of 5

I.D. NUMBER 132396.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOLAN REYNOLSON

## Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | \$ <u>1,198.00</u>   | \$ <u>1,198.00</u>                         |
| 2. Loans Received               |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | \$ <u>1,198.00</u>   | \$ <u>1,198.00</u>                         |
| 4. Nonmonetary Contributions    |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ <u>1,198.00</u>   | \$ <u>1,198.00</u>                         |

## Expenditures Made

|                                    |                  |                  |
|------------------------------------|------------------|------------------|
| 6. Payments Made                   | \$ <u>602.93</u> | \$ <u>602.93</u> |
| 7. Loans Made                      |                  |                  |
| 8. SUBTOTAL CASH PAYMENTS          | \$ <u>602.93</u> | \$ <u>602.93</u> |
| 9. Accrued Expenses (Unpaid Bills) |                  |                  |
| 10. Nonmonetary Adjustment         |                  |                  |
| 11. TOTAL EXPENDITURES MADE        | \$ <u>602.93</u> | \$ <u>602.93</u> |

## Current Cash Statement

|                                     |  |                    |
|-------------------------------------|--|--------------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16   | \$ <u>682.64</u>   |
| 13. Cash Receipts                   | Column A, Line 3 above   | \$ <u>1,198.00</u> |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4   | \$ <u>602.93</u>   |
| 15. Cash Payments                   | Column A, Line 8 above   | \$ <u>1,777.71</u> |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15. If this is a termination statement, Line 16 must be zero. | \$ <u>495.86</u>   |

## 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 | \$ _____ |

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

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

## Expenditure Limit Summary for State Candidates

|   |       |               |
|---|-------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) |       | Total to Date |
| Date of Election (mm/dd/yy)   | _____ | \$ _____      |
|   | _____ | \$ _____      |

\*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 covers period  
from 11/1/12  
through 6/30/12

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER JOHN RUSSELLSON

ID NUMBER  
132396

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 6/1/14             | G. W. ASSOCIATES<br>725 EMERALD<br>CALIFORNIA, CA 92231                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             |   |                                    |

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,000.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 198.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,198.00

\*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 E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 11/1/12  
through 6/30/12

Page 5 of 5

NAME OF FILER

016112011500

I.D. NUMBER

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- 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)
- FRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE       | OR | DESCRIPTION OF PAYMENT         | AMOUNT PAID     |
|---|------------|----|--------------------------------|-----------------|
| <u>REPPC.</u>   | <u>OFC</u> |    | <u>LATHE FEE</u>               | <u>\$700.00</u> |
| <u>CAWEXICO CHAMBER OF<br/>COMMERCES.<br/>1100 W. IMPERIAL AVENUE<br/>CIVIC</u> | <u>CVC</u> |    | <u>BROWNER FOR<br/>REVENUE</u> | <u>\$200.00</u> |
| <b>SUBTOTAL</b>   |            |    |                                | <b>300.00</b>   |

\* 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.) ..... \$ 300.00
2. Unitemized payments made this period of under \$100 ..... \$ 302.93
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 602.93**

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

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

Date Stamp  
REGISTRY OF VOTERS  
JAN 31 2013  
RECEIVED SV:

CALIFORNIA  
FORM 460

Page 1 of 4  
For Official Use Only

1/8 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 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)

REVISION FOR SUPERVISOR

I.D. NUMBER

132396.

**Treasurer(s)**

NAME OF TREASURER

AMY ROSA REVISION

MAILING ADDRESS

1216 PRIMARUCKA DR.

CITY

CHATELICO, CA

STATE

92231

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CHATELICO, CA 92231 (760) 357-4416

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

1216 PRIMARUCKA DR.

CITY

CHATELICO, CA

STATE

92231

AREA CODE/PHONE

(760) 357-4416

OPTIONAL: FAX / E-MAIL ADDRESS

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 \_\_\_\_\_

Date

1/30/13

By \_\_\_\_\_

*[Signature]*  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

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

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_

*[Signature]*  
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  
JOHN R. RYANSON  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
SUPERVISOR, DIST. 2  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1216 PRIMAVERA, CACHERIC, CA. 92251

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

Attach continuation sheets if necessary

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

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

Statement covers period  
 from 7/1/11  
 through 12/31/12



Page 3 of 3

ID NUMBER  
132396

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
JOHN RENNISON

**Contributions Received**

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | \$ _____   | \$ <u>1,198.00</u>                         |
| 2. Loans Received               | \$ _____   | \$ _____                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | \$ _____   | \$ <u>1,198.00</u>                         |
| 4. Nonmonetary Contributions    | \$ _____   | \$ _____                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ _____   | \$ <u>1,198.00</u>                         |

**Expenditures Made**

|                                    |                  |                    |
|------------------------------------|------------------|--------------------|
| 6. Payments Made                   | \$ <u>565.00</u> | \$ <u>1,167.93</u> |
| 7. Loans Made                      | \$ _____         | \$ _____           |
| 8. SUBTOTAL CASH PAYMENTS          | \$ <u>565.00</u> | \$ <u>1,167.93</u> |
| 9. Accrued Expenses (Unpaid Bills) | \$ _____         | \$ _____           |
| 10. Nonmonetary Adjustment         | \$ _____         | \$ _____           |
| 11. TOTAL EXPENDITURES MADE        | \$ <u>565.00</u> | \$ <u>1,167.93</u> |

**Current Cash Statement**

|                                     |  |                   |
|-------------------------------------|--|-------------------|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16   | \$ <u>1477.71</u> |
| 13. Cash Receipts                   | Column A, Line 3 above   | \$ <u>0-</u>      |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4   | \$ <u>565.00</u>  |
| 15. Cash Payments                   | Column A, Line 8 above   | \$ <u>912.71</u>  |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15<br>If this is a termination statement, Line 16 must be zero. | \$ _____          |

**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**

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

**Expenditure Limit Summary for State Candidates**

|  |                                |               |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) | Date of Election<br>(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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1/12  
through 12/31/12

Page 4 of 4

I.D. NUMBER  
132396.

NAME OF FILER  
JOBAN REYNOLSON

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 l.v. or cable airline 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE       | OR | DESCRIPTION OF PAYMENT                   | AMOUNT PAID   |
|---|------------|----|--|---------------|
| <u>WIKY/CLAW CONSULTANTS<br/>405. THEBICA<br/>CACHIXICO, CA 92231</u> | <u>CVC</u> |    | <u>16 TH OF SEPT.<br/>CREATEDIA TION</u> | <u>100.00</u> |
| <b>SUBTOTAL \$</b>  |            |    |  | <b>100.00</b> |

**Schedule E Summary**

- Itemized payments made this period: (Include all Schedule E subtotals.) ..... \$ 100.00
- Unitemized payments made this period of under \$100 ..... \$ 465.00
- Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 565.00

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 1/1/13  
through 6/30/13

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

Date Stamp  
**FILED**  
**REGISTRAR OF VOTERS**  
**JUL 29 2013**  
**RECEIVED BY:**

**CALIFORNIA FORM 460**  
Page 1 of 4  
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 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)

ID NUMBER  
132693

Committee to Elect John R. Renison  
Supervisors District # 1

**Treasurer(s)**

NAME OF TREASURER

Ana Rosa Renison

MAILING ADDRESS  
1216 Primavera Drive

STREET ADDRESS (NO P.O. BOX)

1216 Primavera Drive,

CITY

Callexico

STATE

CA

ZIP CODE

92231

AREA CODE/PHONE

760-357-4416

CITY

Callexico

STATE

CA

ZIP CODE

92231

AREA CODE/PHONE

760-357-4416

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

MAILING ADDRESS

CITY

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

6/29/13

By

Executed on

6/29/13

By

*[Signature]*  
Signature of Treasurer or Assistant Treasurer

Executed on

Date

By

*[Signature]*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

Date

By

*[Signature]*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John Renison

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Supervisor, District # 1 Imperial County

RESIDENTIAL/BUSINESS ADDRESS (NO A/V/D STREET) CITY STATE ZIP  
1216 Primavera Drive, Calexico, CA 92231

**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                      | ID NUMBER  |
|-------------------------------------|--|
| NAME OF TREASURER                   | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| COMMITTEE ADDRESS                   |  |
| CITY STATE ZIP CODE AREA CODE/PHONE |  |
| COMMITTEE NAME                      | ID NUMBER  |
| NAME OF TREASURER                   | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |
| COMMITTEE ADDRESS                   |  |
| 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 OR 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<br><input type="checkbox"/> OPPOSE                          |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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 1/1/13 through 6/30/13

CALIFORNIA FORM **460**

Page 3 of 4

I.D. NUMBER 132693

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 John Renison

### Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | Schedule A Line 3 \$ 2,200.00                              | \$ 2,200.00                                |
| 2. Loans Received               | Schedule B, Line 3   |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2 \$ 2,200.00                                | \$ 2,200.00                                |
| 4. Nonmonetary Contributions    | Schedule C, Line 3   |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 2,200.00                                | \$ 2,200.00                                |

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

### Expenditures Made

|                                    |                      |           |           |
|------------------------------------|----------------------|-----------|-----------|
| 6. Payments Made                   | Schedule E, Line 4   | \$ 542.43 | \$ 542.43 |
| 7. Loans Made                      | Schedule H, Line 3   |           |           |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7      | \$ _____  | \$ _____  |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3   |           |           |
| 10. Nonmonetary Adjustment         | Schedule C, Line 3   |           |           |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10 | \$ 542.43 | \$ 542.43 |

### 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 \$ \_\_\_\_\_

### Current Cash Statement

|                                     |   |           |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance          | Previous Summary Page Line 16                 | \$ 912.71 |
| 13. Cash Receipts                   | Column A, Line 3 above                        | 2,200.00  |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4                            | 542.43    |
| 15. Cash Payments                   | Column A, Line 8 above                        | 2570.28   |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____  |

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

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

### Cash Equivalents and Outstanding Debts

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period  
from 1/1/13  
through 6/30/13

**CALIFORNIA**  
**FORM**  
**460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
John Renison

I.D. NUMBER  
132693

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN 1 - DEC 31) | PERELECTION TODAY<br>(IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|------------------------------------|
| 3/5/13        | Charles Hosken<br>1996 Chambers Lane<br>Hollville, CA 92250                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self employed   | 500.00                      |  |                                    |
| 6/13/13       | Schaefer Ambulance Service<br>4627 Beverly Blvd.<br>Los Angeles, CA 90004                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      |  |                                    |
| 6/11/13       | Pyramid Construction Inc.<br>839 Dogwood Rd.<br>El Centro, CA 92243                            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    |  |                                    |
| 6/12/13       | Poirez Properties<br>P.O. Box 2240<br>Calexico, CA 92231                                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 200.00                      |  |                                    |
|               |  |   |   | <b>SUBTOTAL \$</b>          | 2,200.00   |                                    |

## Schedule A Summary

- Amount received this period - itemized monetary contributions:  
(Include all Schedule A subtotals.) \$ 2,200.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ n/a
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2,200.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.

Statement covers period

from 1/1/13 through 6/30/13

CALIFORNIA  
FORM 460

SCHEDULE E

Page 5 of 5

ID NUMBER 132693

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
John Renison

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv 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<br>(IF COMMITTEE ALSO ENTER ID NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| National Pen<br>P.O. Box 55000<br>Detroit, MI 48255              | CMP  |    | Campaign pens          | \$321.59    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 321.59**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 321.59
2. Unitemized payments made this period of under \$100 \$ 220.84
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ n/a
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**



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

|  |   |   |  |
|--|---|---|--|
| Statement covers period<br>from 1/1/13<br>through 12/31/13 | Date of election if applicable:<br>(Month, Day, Year)<br>6/3/14 | Date Stamp<br><b>FILED</b><br><b>REGISTRAR OF VOTERS</b><br><b>JAN 31 2014</b><br><b>RECEIVED BY:</b> | COVER PAGE<br><b>CALIFORNIA FORM 460</b> |
| SEE INSTRUCTIONS ON REVERSE                                |   |   | Page 1 of 17<br>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 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 John R. Renison

STREET ADDRESS (NO P.O. BOX)  
1216 Primavera Drive

CITY: Calexico STATE: CA ZIP CODE: 92231 AREA CODE/PHONE: 760-357-4416

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

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

OPTIONAL FAX / E-MAIL ADDRESS:

**Treasurer(s)**

NAME OF TREASURER: John R. Renison

MAILING ADDRESS: 1216 Primavera Drive

CITY: Calexico STATE: CA ZIP CODE: 92231 AREA CODE/PHONE: 760-956-8247

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 1/31/14 By John R. Renison  
 Signature of Treasurer or Assistant Treasurer

Executed on 1/31/14 By John R. Renison  
 Signature of Controlling Officer/candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
 Signature of Controlling Officer/candidate, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
 Signature of Controlling Officer/candidate, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (386/273-3772)  
 State of California

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM  
**460**

Page 2 of 17

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John R. Renison

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
County Supervisor-Imperial County-District 1

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP  
1216 Primavera Drive, Calexico, CA 92231

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS                   |   |
| CITY STATE ZIP CODE AREA CODE/PHONE |   |
| COMMITTEE NAME                      | I.D. NUMBER   |
| NAME OF TREASURER                   | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS                   |   |
| CITY STATE ZIP CODE AREA CODE/PHONE |   |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPOSE |
|-----------------------------------|-----------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPOSE |

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 1/1/13 through 12/31/13

Page 3 of 17

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Committee to Elect John R. Renison

ID NUMBER  
 1326396

## Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | Schedule A Line 3<br>\$22,056.00                           | \$25,256                                   |
| 2. Loans Received               | Schedule B, Line 3<br>N/A                                  | N/A  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2<br>\$22,056.00                             | \$25,056.00                                |
| 4. Nonmonetary Contributions    | Schedule C, Line 3<br>N/A                                  | N/A  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4<br>N/A                                     | N/A  |

## Expenditures Made

|                                    |                                     |             |
|------------------------------------|-------------------------------------|-------------|
| 6. Payments Made                   | Schedule E, Line 4<br>\$16,837.84   | 17,830.27   |
| 7. Loans Made                      | Schedule H, Line 3<br>N/A           | N/A         |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7<br>\$16,837.84      | \$17,830.27 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3<br>N/A           | N/A         |
| 10. Nonmonetary Adjustment         | Schedule G, Line 3<br>N/A           | N/A         |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10<br>\$16,837.84 | \$17,830.27 |

## Current Cash Statement

|                                     |  |
|-------------------------------------|--|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16<br>\$2,570.28               |
| 13. Cash Receipts                   | Column A, Line 3 above<br>\$22,056.00                      |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4<br>N/A                                  |
| 15. Cash Payments                   | Column A, Line 8 above<br>\$16,837.84                      |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14 then subtract Line 15<br>\$7,788.44 |

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ N/A

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ N/A

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ N/A

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

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

## Expenditure Limit Summary for State Candidates

|  |                             |               |
|--|-----------------------------|---------------|
| 22. Cumulative Expenditures Made*<br>(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).

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from 1/1/13  
through 12/31/13

CALIFORNIA  
FORM 460  
Page 4 of 17  
I.D. NUMBER  
1326396

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect John R. Renison

## Contributions Received

|                                 | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | Schedule A, Line 3<br>\$22,056.00                          | \$25,256                                   |
| 2. Loans Received               | Schedule B, Line 3<br>N/A                                  | N/A  |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | Add Lines 1 + 2<br>\$22,056.00                             | \$25,056.00                                |
| 4. Nonmonetary Contributions    | Schedule C, Line 3<br>N/A                                  | N/A  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4<br>N/A                                     | N/A  |

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections  
1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditures Made

|                                    |                                     |             |
|------------------------------------|-------------------------------------|-------------|
| 6. Payments Made                   | Schedule E, Line 4<br>\$16,837.84   | 17,830.27   |
| 7. Loans Made                      | Schedule H, Line 3<br>n/a           | n/a         |
| 8. SUBTOTAL CASH PAYMENTS          | Add Lines 6 + 7<br>\$16,837.84      | \$17,830.27 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3<br>n/a           | n/a         |
| 10. Nonmonetary Adjustment         | Schedule G, Line 3<br>n/a           | n/a         |
| 11. TOTAL EXPENDITURES MADE        | Add Lines 8 + 9 + 10<br>\$16,837.84 | \$17,830.27 |

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  
/ / \$ \_\_\_\_\_  
/ / \$ \_\_\_\_\_

## Current Cash Statement

|                                     |   |
|-------------------------------------|---|
| 12. Beginning Cash Balance          | Previous Summary Page, Line 16<br>\$2,570.28                |
| 13. Cash Receipts                   | Column A, Line 3 above<br>\$22,056.00                       |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4<br>n/a                                   |
| 15. Cash Payments                   | Column A, Line 8 above<br>\$16,837.84                       |
| 16. ENDING CASH BALANCE             | Add Lines 12 + 13 + 14, then subtract Line 15<br>\$7,788.44 |

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ n/a

## Cash Equivalents and Outstanding Debts

|                       |   |
|-----------------------|---|
| 18. Cash Equivalents  | See instructions on reverse<br>\$ n/a           |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above<br>\$ n/a |

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).

\*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 1/1/13  
through 12/31/13

CALIFORNIA  
FORM  
**460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect John R. Renison

Page 5 of 17  
ID NUMBER  
1326396

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 7/2/13             | Aggregate Products Inc.  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  |                                    |
| 1/15/13            | Ramza, Inc<br>1091 Plata Drive<br>Calexico, CA 92231                                     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$300.00                    | \$300.00  |                                    |
| 6/21/13            | Republic Services, Inc.<br>18500 N. Allied Way<br>Phoenix, AZ 85054                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$450.00                    | \$450.00  |                                    |
| 7/20/13            | M. Kelada<br>1001 Blair Avenue<br>Calexico, CA 92231                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician  | \$300.00                    | \$300.00  |                                    |
| 7/30/13            | De Anza Pharmacy<br>302 East 3rd<br>Calexico, CA 92231                                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$500.00                    | \$500.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             | <b>2550.00</b>                                    |                                    |

## Schedule A Summary

- Amount received this period - itemized monetary contributions (Include all Schedule A subtotals.) \$18,644.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$2,206.00
- Total monetary contributions received this period (Add Lines 1 and 2 Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$23,056.00**

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.

SCHEDULE A (CONT)

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 1/1/13  
through 12/31/13

Page 6 of 17

NAME OF FILER  
Committee to Elect John R. Renison

I.D. NUMBER  
1326396

| 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 TODAY (IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|---|----------------------------------|
| 8/27/13            | Chelsea Investment Corporation<br>5993 Avenida Encinas, Ste. 101<br>Carlsbad, CA 92008    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$500.00                    | \$500.00  |                                  |
| 8/27/13            | Jordan Penn<br>P.O. Box 525 Del Mar<br>Del Mar, CA 92014                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Chelsea Investment<br>Carlsbad, CA                                     | \$100.00                    | \$100.00  |                                  |
| 8/27/13            | Charles Schmid<br>1710 Orange Blossom<br>Encinitas, CA                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Chelsea Investment<br>Carlsbad, CA                                     | \$150.00                    | \$150.00  |                                  |
| 8/28/13            | Raul De Anda<br>1632 Gateway Rd., Ste 1<br>Calexico, CA 92231                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Truck Parking business   | \$500.00                    | \$500.00  |                                  |
| 8/19/13            | Morgan Johnson<br>1247 Garnel<br>Calexico, CA 92231                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Truck Parking owner  | \$250.00                    | \$250.00  |                                  |
| <b>SUBTOTAL \$</b> |   |   |  |                             | <b>1,500.00</b>                                   |                                  |

\*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 1/1/13  
through 12/31/13

Page 2 of 17

NAME OF FILER  
Committee to Elect John R. Renison

ID NUMBER  
1326396

| 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 TODATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|------------------------------------|
| 9/6/13             | Wong and Associates<br>725 Imperial Avenue<br>Calexico, CA 92231                          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1000.00                   | \$1000.00  |                                    |
| 9/6/13             | Econcentro<br>201 E. Second St.<br>Calexico, CA 92231                                     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00                  | \$1,000.00                                       |                                    |
| 8/24/13            | William Peavey<br>15112 Vail Hai Rd.<br>Poway, CA   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Portfolio Manager   | \$125.00                    | \$125.00   |                                    |
| 8/30/13            | Robert Hemphill<br>4301 Fairfax Dr. Ste. 360<br>Arlington, VA 22203                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Solar investor  | \$500.00                    | \$500.00   |                                    |
| 10.3.13            | Semptra Energy<br>101 Ash St.<br>San Diego, CA  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00                  | \$1,000.00                                       |                                    |
| <b>SUBTOTAL \$</b> |   |   |   |                             | <b>3,625.00</b>                                  |                                    |

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period  
from 1/1/13  
through 12/31/13

CALIFORNIA  
FORM  
**460**

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NAME OF FILER  
Committee to Elect John R. Renison

ID NUMBER  
1326396

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/20/13           | Pat Seay<br>3751 Blossom Way<br>El Centro, CA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor  | \$200.00                    | \$200.00  |                                    |
| 102113             | Martin Nunez<br>233 E. 4th St.<br>Calexico, CA 92231                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Immigration Consultant   | \$190.00                    | 190.00  |                                    |
| 11/1/13            | Clara Valdivia<br>1236 AC Nogales St.<br>Calexico, CA 92231                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$190.00                    | \$190.00  |                                    |
| 11/6/13            | Cachanilla Parking and Storage<br>802 C. Kioke Rd.<br>Calexico, CA 92231                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$190.00                    | \$190.00  |                                    |
| 9/12/13            | Granite Construction Company<br>P.O. Box 50085<br>Watsonville, CA 95077                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1,000.00                  | \$1,000.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             | <b>1,770.00</b>                                   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period  
from 1/1/13  
through 12/31/13

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NAME OF FILER  
Committee to Elect John R. Renison

ID NUMBER  
13263396

| 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) |
|------------------|---|---|---|-----------------------------|---|------------------------------------|
| 12/11/13         | HAVEN AND SONS TRUCKING<br>603 East Main St.<br>El Centro, CA 92243                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$500.00                    | \$500.00  |                                    |
| 12/17/13         | Mylo Janitorial<br>P.O. Box 802<br>El Centro, CA 92231                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00                  | 1,000.00  |                                    |
| 10/28/           | Excel Property Management<br>P.O. Box 5357<br>Beverly Hills, CA 90209                     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$5,000.00                  | \$5,000.00  |                                    |
| 8/9/13           | Donald Gibson<br>P.O. Bos 157<br>Brawley, CA 92227  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$249.00                    | \$249.99  |                                    |
| 10/13/13         | James Mc Neal<br>414 East Elm<br>Burbank, CA  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$500.00                    | \$500.00  |                                    |
| <b>SUBTOTALS</b> |   |   |   |                             | <b>7249.99</b>                                    |                                    |

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PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period  
from 1/1/13  
through 12/31/13

**CALIFORNIA  
FORM  
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NAME OF FILER: Committee to Elect John R. Renison  
ID NUMBER: 1326396

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br><small>(JAN 1 - DEC 31)</small> | PER ELECTION<br>TO DATE<br><small>(IF REQUIRED)</small> |
|--------------------|---|---|--|-----------------------------|--|---|
| 8/21/13            | Chun Nan Lo<br>1510 Melanie Ln.<br>Arcadia, CA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Investor   | \$300.00                    | 300.00   |   |
| 8/21/13            | Chun Nan Lo<br>1510 Melanie Ln.<br>Arcadia, CA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Investor   | \$300.00                    | \$300.00   |   |
| <b>SUBTOTAL \$</b> |   |   |  |                             |  |   |
|                    |   |   |  |                             | <u>\$600.00</u>  |   |

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**Schedule E  
Payments Made**

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

Statement covers period  
from 1/1/13 through 12/31/13

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I.D. NUMBER 1326396

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.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MER | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FL  | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSE | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER ID NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID   |
|---|------|----|------------------------|---------------|
| National Pen Company<br>P.O. Box 55000<br>Detroit, MI 48255       | CMP  |    | Promotional pens       | \$321.59      |
| U.S. Postal Service<br>Callexico, CA 92231                        | LIT  |    | Promotional banners    | \$250.00      |
| Francisco Aguirre<br>Callexico, CA                                | CMP  |    | Hats and tee shirts    | \$403.00      |
| <b>SUBTOTALS</b>  |      |    |                        | <b>974.59</b> |

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals) \$ 6,994.38
- Unitemized payments made this period of under \$100 \$ 9,843.48
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ N/A
- 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

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

Type or print in ink.  
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to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 1/1/13  
through 12/31/13

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect John R. Renison

ID NUMBER  
1326396

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
- 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 tv. 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<br>(IF COMMITTEE ALSO ENTER ID NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT    | AMOUNT PAID |
|--|------|----|---------------------------|-------------|
| Shell Oil Company  | TRC  |    | Gasoline campaign expense | \$300.00    |
| Best Buy<br>El Centro, CA 92243                                  | OFC  |    | Scanner                   | \$139.31    |
| Best Buy   | OFC  |    | Office Supplies           | \$110.98    |
| 4 Imprint<br>101 Commerce St.<br>Oshkosh, WI 54901               | CMP  |    | Pens                      | \$202.75    |
| T Mobile<br>El Centro, CA 92243                                  | MBR  |    | Campaign cell phone       | \$124.78    |

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

SUBTOTAL \$ **577,822**

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

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Statement covers period  
from 1/1/13  
through 12/31/13

CALIFORNIA  
FORM  
**460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect John R. Renison

I.D. NUMBER  
1326396

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

- GMP 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
- PEI 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 tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CODE | OR | DESCRIPTION OF PAYMENT       | AMOUNT PAID |
|--|------|----|------------------------------|-------------|
| Calexico Gridiron Committee<br>1030 Encinas Avenue<br>Calexico, CA 92231 | CNB  |    | Football program             | \$250.00    |
| Driscolls Sports Wear<br>Imperial and State<br>El Centro, CA 92243       | CMP  |    | Windbreakers and sweatshirts | \$146.88    |
| Staples<br>El Centro, CA 92243   | CMP  |    | Office supplies              | \$158.04    |
| MANA of Imperial Valley<br>El Centro, CA 92243                           | CTB  |    | Annual fundraising event     | \$100.00    |
| National Pen<br>Detroit, MI  | CMP  |    | Pens                         | \$141.79    |

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

SUBTOTAL \$ **756.71**