SEE INSTRUCTIONS ON REVERSE

Committee to Elect John R. Renison

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

from

1/1/13

Statement covers period

through

12/31/13

1326396

LD NUMBER

CALIFORNIA 460 Page / 4 of FORM

SCHEDULE E (CONT.

S E S S P S CNS \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the Calexico, CA 92231 Veronica Guilaz Calexico, CA 92231 Pedro Brizuela Calexico, CA 92231 Pedro Brizuela 1100 West Imperial Avenue Barbara Worth Country Club Calexico, CA 92231 Calexico Chamber of Commerce Holtville, CA candidate filing/ballot fees civic donations contribution (explain nonmonetary)" campaign paraphernalia/misc campaign literature and mailings fundraising events campaign consultants independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF PAYEE OF COMMITTEE ALSO ENTER 1.D NUMBER RR PRR PR MBR payment, you may enter the code. Otherwise, office expenses phone banks meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services polling and survey research petition circulating SODE CMP MBR MBR CVC MTG 유 Shirts Football sponsorship Football sponsorship Chamber of Commerce annual event Home Health Worker event DESCRIPTION OF PAYMENT 큟룡 SAL RFD describe the payment. information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs SUBTOTAL \$ 704,00 AMOUNT PAID \$194.00 \$100,00 \$100,00 \$250.00 \$150.00

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect John R. Renison

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

from. Statement covers period 1/1/13

FORM 460 SCHEDULE E (CONT.)

Page 15

through

12/31/13

1326396 ID, NUMBER

Consulado de Calexico 608 Heber Avenue Calexico, CA 92231	Beatriz Curiel Calexico, CA 92231	Food 4 Less Calexico, CA 92231	National Pen Defroit, MI	National Pen Detroit, MI	NAME AND ACCRESS OF PAYEE (IF COMMITTEE, JUSO ENTER ID NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the compaign 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  PHO phone banks  POL polling and survey research  POS postage, delivery and mess  PRO professional services (legal
CTB	CMP	CFT	CMP	CMP	CODE	ou may elimunications properties appearance ses ating ating urvey resear very and me services (leg
Mexican Consulate event	Banners	Turkey giveaway for Family Resource Center	Campaign pens	Campaign cups	OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services postage, delivery and messenger services professional services (legal, accounting)  Tell transfer between committees of the same candidate/sponsor yoter registration  WEB information technology costs (internet, e-mail)
\$100.00	\$190.00	\$317.57	\$170.28	\$250.00	AMOUNTPAID	ts me candidate/sponsor e-mail)

SUBTOTAL \$

St. L

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

#### Paymer Schedule E (Continuation Sheet)

Type or print in ink.

SCHEDULE E (CONT.)

TAL : 107	SIBTOTAL	Schedule D.	nust also be summarized on Schedule D.
\$345,00	Campaign banners	CMP	Beatriz Navarro Calexico, CA 92231 *Payments that are contributions
\$100,00	Campaign banners	CMP	Jose Luis Contreras 3rd and Paulin Calexico, CA 92231
\$200.00	Senior Citizen event	CT8	Club de los Amigos Calexico, CA 92231
\$250.00	Campaign kickoff event	FND	D'Poly Restaurant Calexico, CA 92231
\$200.00	Campaign late fee	T:	Secretary of State
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	(IF COMMITTEE, ALSO ENTER I D NUMBER)
ition costs neals d meals f the same candidate/sponsor iternet, e-mail)	Dayment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses  SAL campaign workers' sataries t.v. or cable airtime and production costs campaign workers' sataries t.v. or cable airtime and production costs campaign workers' sataries t.v. or cable airtime and production costs campaign workers' lodging, and meals TRS orandidate travet, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	Dayment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	MBR MIGH consultants  MBR MIGH consultants  MIGH open consultants  PET date filling/ballot fees  alsing events  endent expenditure supporting/opposing others (explain)*  POS defense  endent expenditure and mailings  PRO PRT  NAME AND ADDEESS OF DAYET  NAME AND ADDEESS OF DAYET
10 NUMBER 1326396			
Page / 6 of /7	through 12/31/13		SEE INSTRUCTIONS ON REVERSE NAME OF FILER
CALIFORNIA 460	Statement covers period 1/1/13	Amounts may be rounded to whole dollars.	Payments Made to whole

SUBTOTAL \$

00 5%

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Committee to Elect John R. Ren son

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

from. Statement covers period 1/1/13

CALIFORNIA FORM

SCHEDULE E (CONT.)

I D. NUMBER Page\_/\_ o,

12/31/13 1326396

through

0 hak	SUBTOTAL \$	Schedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D
		TRC	
\$100.00	Calendars	CMP	Jose Luis Contreras
\$105.00	Banners	CMP	Jose Luis Contreras Calexico, CA 92231
\$574.00	Fundraising holiday party	FND	D'Poly Restaurant Calexico, CA 922321
\$125,00	Consulate event	cvc	Mexican Consulate
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)
ne candidate/sponsor	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research professional services (legal, accounting) print ads  PAD radio airtime and production costs  RAD returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs transfer between committees of the same candidate/sponsor voter registration  WEB information technology costs (internet, e-mail)	payment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	CODES: If one of the following codes accurately describes the payment, you may enter the CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CNS campaign consultants CCI contribution (explain nonmonetary)* CCI civic donations CCI postition circulating CCI phone banks CCI polling and survey research CCI postage, delivery and messenger search CCI postage professional services (legal, account print ads)

	ite Measure Proponent	Signature of Controlling Officeholder, Canddate, State Measure Proponent	Ву		Executed onDate	
	ite Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Propopert	Ву		Executed on	
[	Measure Proponent or Responsible Officer of Sponsor	Signature of Controlling Officeholder, Candidate, State Measure Prop	By Signature of Con		Executed on Date	
	reasurer	Signature of Treasurer or Assistant Treasurer	W Ke		Executed on Odite	
s is true and complete. I certify	ein and in the attached schedule:	wedge the information contained here	be in preparing and reviewing this statement and to the best of my knowlaws of the State of California that the foregoing is true and correct.	reviewing this st	I have used all reasonable diligend under penalty of perjury under the	
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS				_
DE AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	ZIP CODE	CITY STATE	
		MAILING ADDRESS		OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
	TREASURER, IF ANY	NAME OF ASSISTANT TREASUR	AREA CODE/PHONE 760-357-4416	ZIP CODE 92231	Calexico Ca	
DE AREA CODE/PHONE	STATE ZIP CODE	CITY			STREET ADDRESS (NO P.O. BOX) 1216 Primavera Drive	
		John R. Renison		y Supervisor	Committee to Elect John Renison County Supervisor	
		Treasurer(s)	T T	MMITTEE)	3. Committee Information	ယ
			(Also Complete Parl 7)	(Also Comp		1
MILL CARBOTT OF THE ASS.		Amendment (Explain below)	(Also Complete Part 6)  Primarily Formed Candidate/  Officeholder Committee	(Also Comp Primarily Officeho	<ul> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> </ul>	
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 195	000	2. Type of Statement:  □ Preelection Statement  □ Semi-annual Statement  □ Termination Statement  (Also file a Form 410 Termination)	Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure  Committee  Controlled  Sponsored	ittees ~ Complete Parts  Primarily Forn Committee Controlled Sponsore	1.   ype of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 4.	
	IMPERIAL COUNTY REGISTRAR OF VOTERS	6/3/14	ugh3/17/14	through	1111	£ 00
Page of /	MAY 0 1 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period 1/1/2014	from		
IFORNIA ORM	Date Stamp RECEIVED	lnk.	Type or print in lnk.	]	Campaign Statement Cover Page Government Code Sections 84200-84216.5)	3000
COVER PAGE					Dacing of Committee	7-

Page 2

of 11

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CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEENAME	ot included in this statem ontributions or make exp	elated Committees	1216 Primavera Drive	County Supervisor, District 1	FFICE SOUGHT OR HELD (	John R. Renison	NAME OF OFFICEHOLDER OR CANDIDATE	fficeholder or Canc
STATE	STREET ADDRESS (NO P.O. BOX)	Ē.		STREET ADDRESS (NO P.O. BOX)			not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	RESS (NO. AND STRE	strict 1	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		R CANDIDATE	Officeholder or Candidate Controlled Committee
ZIP CODE	P.O. BOX)	CONTR	I.D. NUMBER	P.O. BOX)	CONTR	I.D. NUMBER	you or are prur candidacy.	s Statemen	ET) CITY Calexico		ISTRICT NUMBE			ommittee
AREA CODE/PHONE	YES   NO	CONTROLLED COMMITTEES	MBER		CONTROLLED COMMITTEE?	MBER	marily formed to receive	t: List any committees	STATE ZIP Ca. 92231		R IF APPLICABLE)			
					7.									<u>ق</u>
Attac	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling office		BALLOT NO. OR LETTER		NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee			
' continuati	ANDIDATE	NDIDATE	ANDIDATE	NDIDATE	idate/Offic			NDATE, OR PR	eholder, ca		JURISDICTION			Measure
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	ROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any,					Committee			
	SUPPORT OPPOSE	SUPPORT OPPOSE	□ SUPPORT □ OPPOSE	SUPPORT OPPOSE	names of		ANY		oponent, if any.	OPPOSE	SUPPORT			

# Campaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Staten from	Statement covers period 1/1/2014	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through_	3/17/14	Page 3 of //
NAME OF FILER				LD. NUMBER
Contributions Received	COLUMIN A TOTAL THIS PERIOD (FROMAITACHED SCHEDULES)	COIUMN B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
Monetary Contributions Schedule A, Line 3     Loans Received Schedule B, Line 3	\$ \$5341.00 \$	\$5341.00	General Elections	<b>ns</b> 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + Nonmonetary Contributions Schedule C, Line TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 +	\$ \$5341.00 \$ n/a \$ \$5341.00 \$	\$5341.00 n/a \$5341.00	20. Contributions Received \$  21. Expenditures Made \$	φ φ 
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3	\$ \$6664.02 \$	\$6664.02 n/a	Expenditure Limit Summary for State Candidates	ummary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F Line 3	\$ \$6664.02 \$ n/a	\$6664.02	22. Cumulative (If Subject to v	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
A	n/a \$ \$6664.02 \$	n/a \$6664.02	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above	\$ \$7778.00 To calcula amounts	<i>=</i> 2		<b>\$</b>
14. Miscellaneous increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	n/a corresponding from Column B report. Some a	corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section may be different from amounts reported in Column B.	y be different from amounts
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 3124.00 figures that shot subtracted from period amounts.	figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ n/a for this ca	. 20		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	from Lines 2, 7 any).	s 2, 7, and 9 (if		

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

69

⊓/a

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

### Schedule A Monetary Contributions Received

NAME OF FILER

John R. Renisobn

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

period	
CALIEDBAIIA	
	SCHEDULE A

from Statement covers 1/1/2014

FORM 잋

3/17/14 I.D. NUMBER Page 5

through

1/17/14 1/24/14 1/24/14 1/16/14 1/29/14 RECEIVED DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR CODE \* Bonita, CA 91902 Jesus Cardenas El Cajon, CA 92021 1209 Positas Avenue Chula Vista, CA 91910 El Centro, CA 92243 Barry Humphrey Bassar Ballo Eduardo Valerio 667 Ross Avenue Artic Air 1591 Drake St. 15325 Creek Hills Blvd OSC PART OF THE PA Consultant Consultant Self employed realtor IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD \$200.00 \$500.00 \$150.00 \$250.00 \$100.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) \$200.00 \$500.00 \$150.00 \$250.00 \$100.00 1326396 PER ELECTION TO DATE (IF REQUIRED)

## Schedule A Summary

- 2. Amount received this period unitemized monetary contributions of less than \$100 ...... 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ......
- Total monetary contributions received this period.

ယ

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

Ø

991.00

4350.00

5341.00

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Wonetary	Wonetary Contributions Received	Amounts may be rounded to whole dollars.	be rounded follars.	Statement covers period		CALIFORNIA A CO
				from	3/17/14	7
NAME OF FILER						7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
John R. Renisobn	nisobn					1326396
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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)	DATE PER ELECTION TODATE TODATE (IF REQUIRED)
2/8/14	Wade Rakes 19 E. Kirby, Apt. 321	ÖlND □COM □PTY □SCC	Consultant	\$200,00	\$200.00	00
2/;3/14	Clem Muller Jr. 1904 Mets Rd. Holtville, CA 92250	SCC SCC		\$250.00	\$250.00	00
2/26/14	Las Palmas Mobile Home Park 4995 Murphy Canyon Rd. San Diego, CA 92123	SCC SCC		\$1000.00	\$1000.00	)0
3/11/14	Lighsource Renewables P.O. Box 5518 Rancho Santa Fe, CA 92067	DIND DCOM DPTY SCC		500.00	\$500.00	00
2/14/14	Ninfa Velasquez	DSCC DSCC		\$200.00	\$200,00	00
			SUBTOTAL\$	2150.00		Ž.

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.)

		500.00	\$UBTOTAL\$			
				SCC PITY HONG		
	\$500.00	\$500.00	Builder	DDSC NACON D	Max Castillo P.O. Box 233 Imperial, CA 92251	3/5/14
	\$100.00	\$100.00	Retired	C PTY H WO	Lupe Rodriguez 805 Encanto Drive Calexico, CA 92231	2/17/14
	\$200.00	\$200.00	Realty Consultant	OPTY H WO	Gilberto Gamez	2/14/14
	\$200.00	\$200.00	Realty Consutant	OSC ON DOSC	Abraham Navarro	2/14/14
PER ELECTION TO DATE (#F REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER (ID. NUMBER)	DATE RECEIVED
1.D. NUMBER 1326396	1326396				enison	John R. Renison
6 of //	3/17/14 Page.	through 3/1				NAME OF FILER
CALIFORNIA 460		from 1/1/2014	dollars.	to whole dollars.		

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

\*Contributor Codes

### Schedule E

Type or print in ink.

SCHEDULEE

One of the following codes accurately describes the parents in paraphemalia/misc.  on paraphemalia/misc.  of consultants of co	ayment, you may enter the code. Comember communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads  CMP  CMP  CMP  Plastic sign  CMP  Plastic sign	igns igns	DESCRIPTION OF PAYMENT A, Line 6.)	he payment, ne and product contributions workers' salari le sirtime and p travel, lodging, se travel, lodgir etween commit stration n technology co	1326396  1326396  tion costs production costs and meals ing, and meals (internet, e-mail)  SUBTOTAL\$	\$140.00 \$140.00 \$190.00 \$430.00 \$6664.00 \$93.78 n/a 6664.02
SEE INSTRUCTIONS ON REVERSE			through	3/17/14	Page 7	of /
Payments Made to who	to whole dollars.		from	om 1/1/2014	FORM 460	46
SEE INSTRUCTIONS ON REVERSE			through	3/17/14	Page 7	- e /
NAME OF FILER					D NUMBER	
John R. Renison					1326396	
DES:	, you may enter	the code. Otherwis	se, describe	the payment.		
campaign paraphemalia/misc.  MBR campaign consultants MTG contribution (explain nonmonetary)*  OFC contribution (explain nonmonetary)*	communications s and appearances (penses		_	irtime and production of contributions gn workers' salaries	costs	
Candidate filing/ballot fees  trodraising events	circulating anks			able airtime and produte travel, lodging, and	uction costs meats	
POL independent expenditure supporting/opposing others (explain)* POS legal defense PRO Campaign literature and mailings	nd survey research delivery and mess onal services (legal,		-	ouse travel, lodgling, a rouse travel, lodgling, a r between committees significant to the committees of the committees	of the same ca	andidate/sp
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRI	IPTION OF PAY	MENT		AMOUNT PA
Beatriz Navarro 1140 Rosas St., Apt. 140 Calexico, CA 92231	CMP	Plastic signs				\$14
Veronica Aguirre	CMP	Plastic signs	į			\$190
Jose Luis Cardenas 3rd and Paulin Calexico, CA 92231	СМР	Plastic signs				\$430
* Payments that are contributions or independent expenditures must also be st	mmarized on Sch	edule D.		SUE	STOTAL \$	760
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.).  2. Unitemized payments made this period of under \$100						\$6664.0
	art 1, Column (e) on the Summary	.)Page, Column A, Lir	ne 6.)		AL \$	n/ 6664.0
row paymonio mado mio ponda. (Ada cines 1, 2, and 3. Enter nere and	on the Summary	Page, Column A, Lir	ne 6.)		AL \$	

#### Schedule E (Continuatio Payment

Type or print in ink.

SCHEDULE E (CONT.)

\$430.00		·	Campaign signs	CMP		Jose Luis Cardenas 3rd/Paulin Calexico, CA 92231
AMOUNT PAID		DESCRIPTION OF PAYMENT	OR DES	CODE		(IF COMMITTEE, ALSO ENTER I.O. NUMBER)
s ne candidate/sponsor mail)	costs  uction costs d meals and meals s of the sam	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)	payment, you may enter the code. Oth member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	/OU may imunication di appearar ises ilating survey reservices (illustration)	s the payment, you may enter MBR member communications MBR member communications office expenses office expenses petition circulating PhO phone banks PoL polling and survey research PoS postage, delivery and mess PRO professional services (legat PRT print ads	COURS: 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  FIL candidate filing-ballot
3ER 6	1.D. NUMBER 1326396					John R. Renison
17 to 8	Page	through 3/17/14				SEE INSTRUCTIONS ON REVERSE NAME OF FILER
ORNIA 460	CALIFORNIA FORM	Statement covers period 1/1/2014		e rounded ollars.	Amounts may be rounded to whole dollars.	(Continuation Sheet) Payments Made

1130.00	\$UBTOTAL \$	Schedule D.	porterin experimentes filus, also de summarized on Schedule D.
\$100.00	Television show	RAD	Calexico, CA92231  *Payments that are contributions or independent expenditures.
\$100.00	Radio airtime	RAD	Calexico, CA 92231
\$100.00	Park rental	FNB	City of Calexico 408 Heber Avenue Calexico, CA 92231
\$410.00	Campaign signs	СМР	Jose Luis Cardenas 3rd/Paulin Calexico, CA 92231
\$430.00	Campaign signs	CMP	Jose Luis Cardenas 3rd/Paulin Calexico, CA 92231
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

SEE INSTRUCTIONS ON REVERSE

John R. Renison

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

SCHEDULE E (CONT.

Statement covers period 1/1/2014 3/17/14 CALIFORNIA Page\_ D. NUMBER FORM à 460

through

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. El Soi del Valle El Centro, CA 92243 CODES: If one of the following codes accurately describes the El Centro, CA Staples Calexico, CA 92231 Universal Party Store Calexico, CA 92231 3rd/Paulin Chicago, III. 4 Imprint Jose Luis Cardenas candidate filing/ballot fees civic donations contribution (explain nonmonetary)\* campaign paraphernalia/misc. campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain) fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ₽₽₽₽₽₽ €RE¥QSEE NBR R payment, you may enter the code. Otherwise, office expenses postage, delivery and messenger services professional services (legal, accounting) petition circulating member communications phone banks meetings and appearances polling and survey research 8 OFC. PRT CMP CMP FNP 유 Display ad Office supplies Campaign event Campaign signs Campaign pens DESCRIPTION OF PAYMENT စ္ခ describe the payment. transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) radio airtime and production costs voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions t.v. or cable airtime and production costs campaign workers' salaries 1326396 AMOUNT PAID \$150.00 \$103.00 \$300.00 \$494.00 \$217,66

SUBTOTAL \$

1174.66

## Schedule E

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SCHEDULE E (CONT.)

	SHETOTAL		Schedule D.	no paznamm	A DO Contact on the contact and the second	
					* Payments that are contributions or independent expanditures must like be	* Payments that are contribution
\$239.00		Signs	CMP			Graphix El Centro, CA
\$968.38		Filing fees	끝			County of Imperial 940 Main St. El Centro, CA 92243
\$250.00	ship	League sponsorship	cyc			Calexico Little League Calexico, CA 92231
AMOUNT PAID	DESCRIPTION OF PAYMENT	OR DES	CODE		(IF COMMITTEE, ALSO ENTER LD, NUMBER)	1
n costs is neals ne same candidate/sponsor	therwise, describe the payment.  RAD radio sirtime and production costs  RFD returned contributions  SAL campaign workers' sajaries  TEL t.v. or cable sirtime 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 voter registration  WEB information technology costs (internet, e-mail)	enger services	payment, you may entermember communications meetings and appearances office expenses petition circulating phone banks polling and survey research polling and survey and mess professional services (legal print ads		campaign paraphemalia/misc.  MBR campaign consultants contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  PRO campaign literature and mailings  NAME AND ADDRESS OF BAYER  NAME AND ADDRESS OF BAYER  NAME AND ADDRESS OF BAYER	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting LEG legal defense LT campaign literature and mailings
I.D. NUMBER 1326396	132					John R. Renison
Page // of //	through 3/17/14 Pa					SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period CA from 1/1/2014		be rounded dollars.	Amounts may be rounded to whole dollars.		Payments Made

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

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

Statement covers period

SCHEDULE E (CONT.

뒫腔돭캶늞 S C C S S S CODES: If one of the following codes accurately describes the SEE INSTRUCTIONS ON REVERSE NAME OF FILER \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Shell Corporation 41mprint 3rd and Paulin El Centro, CA 92243 Smart and Final Chicago, III. Calexico, CA 92231 Jose Luis Cardenas John R. Renison civic donations campaign consultants contribution (explain nonmonetary)\* campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees campaign literature and mailings legai defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RRESCEE AS payment, you may enter the code. Otherwise, office expenses member communications meetings and appearances print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating 00 E CMP CMP FND RC 윘 Fence signs Pens Gasoline expense Election gathering DESCRIPTION OF PAYMENT WEB TREE RAD through describe the payment. campaign workers' salaries t.v. or cable airlime and production costs Information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions radio airtime and production costs 1/1/2014 3/17/14 CALIFORNIA Page 1326396 I.D. NUMBER **FORM** 0 AMOUNT PAID 460 \$190.00 \$250,00 \$242,66 \$181.44

SUBTOTAL \$

8641.00

コンシャ iont Dommiton				CUVER PAGE
Campaign Statement Cover Page	Type or print in ink.	ink.	Date Stamp RECEIVED	CALIFORNIA 460 2001/02
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable: (Month, Day, Year)	JUL 3 1 2014	Page of
SEE INSTRUCTIONS ON REVERSE	through 5/17/14	6/3/14	IMPERIAL COUNTY REGISTRAR OF VOTERS	For Official Use Only
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.  IX Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall  Also Complete Part 5)  O Sponsored	-Complete Parts 1, 2, 3, and 4.  Ballot Measure Committee  Primarily Formed  Controlled  Sponsored	2. Type of Statement:    Preelection Statement	000	Quarterly Statement Special Odd-Year Report Supplemental Preelection
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	(Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sundishingth (Cybian pelow)		an Chaol Louis 480
3. Committee Information	1326396			
Committee to Elect John R. Renison		John R. Renison  MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 1216 Primavera Drive		СІТҮ	STATE ZIP CODE	AREA CODE/PHÔNE
Calexico Ca 92  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	ZIP CODE AREA CODE/PHONE 92231 760-357-4416	[ =	TREASURER, IF ANY	
1	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	:98	
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	lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and to the best of my lewing this statement and the statement and	knowledge/fije information contained here nd correct.	I herein and in the attached sche	edules is true and complete. I
Executed on	By Signature of Cont	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	onent or Responsible Officer of Spansor	l
Executed onDate		Signature of Controlling Officeholder, Candidate, Sta	Candidate, State Measure Proponent	ľ
Executed on	By	Signature of Controlling Officeholder, Candidate, Sta	Candidate, State Measure Proponent	FPPC Form 460 (June/01)

	Attach continuation sheets if necessary	continuation	Attach	AREA CODE/PHONE	ZIP CODE	STATE	CITY	
2					(NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO	COX		NAME OF TREASURER	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE					
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	OE AREA CODE/PHONE	ZIP CODE	SALE	COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
ndidate(s) for	ames of officeholder(s) or car	nittee List na illy formed.	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	CON		NAME OF TREASURER	
				I.D. NUMBER	I.D. I		COMMITTEE NAME	
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	by you or are your candidac	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	not included in this state contributions or make ex	
	PONENT	NDATE, OR PROF	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Related Committees Not Included in this Statement: List any committees	his Stateme	es Not included in t	Related Committee	
roponent, if any.	idate, or state measure pr	eholder, candi	Identify the controlling officeholder, candidate, or state measure proponent, if any.	STATE ZIP	ET) CITY ST Calexico, CA 92231	RESIDENTIALBUSINESS ADDRESS (NO. AND STREET) 1216 Primavera Drive	RESIDENTIAL/BUSINESS ADD	
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	(BER IF APPLICABLE)	D DISTRICT NUM	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) County Supervisor District 1	OFFICE SOUGHT OR HELD (INCLUDE County Supervisor District 1	
							John R. Renison	
			NAME OF BALLOT MEASURE			OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
		ee	6. Ballot Measure Committee		Committee	ndidate Controlled	Officeholder or Candidate Controlled Committee	ល

# Campaign Disclosure Statement Summary Page

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

CALIFORNIA SUMMARY PAGE

Statement covers period

		from	1-0/10/14	TORM .
SEE INSTRUCTIONS ON REVERSE		through	-5/17/14	Page of
NAME OF FILER				I.D. NUMBER
John R. Renison				1326396
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	mary for Candidates State Primary and
1. Monetary Contributions	s 11,256.72	្ធ 1ន្ម597.72	General Elections	
Loans Received			1/1 thr	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 11.256.72	\$ 152597.72	20. Contributions Received \$	<b>ن</b>
4. Nonmonetary Contributions Schedule C, Line 3		14	res	
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 11,256.72	\$ 18597.72		(A)
$\times$	\$ 12,481.95	\$ 19,145.97	Expenditure Limit Summary for State Candidates	ummary for State
	\$ 12,481.95	\$ 19,145.97	22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3 10. Nonmonetary Adjustmentschedule C, Line 3			Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$ 12,481.95	\$ 19,145.97		₩
Current Cash Statement  12. Beginning Cash Balance	\$ 3,124.00			69
	11,256,72	amounts in Column A to the		49
14. Miscellaneous Increases to Cash Schedule I, Line 4	n/a 12.481.95	from Column B of your last report. Some amounts in		\$
16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,898.05	Column A may be negative figures that should be		€9
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		49
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	sn/a	for this calendar year, only carry over the amounts	*Since January 1, 2001. A	*Since January 1, 2001. Amounts in this section may be
Cash Equivalents and Outstanding Debts	n/a	from Lines 2, 7, and 9 (if any).	different from amounts reported in Column B.	orted in Column B.

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

18. Cash Equivalents .....

See instructions on reverse

G G

n/a n/a

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule A Monetary Co . Ö

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary (	Monetary Contributions Received	Amounts to v	to whole dollars.	Statement covers period 3/18/14	- marging at	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	VS ON REVERSE			through5/1	5/17/14	Page of
NAME OF FILER						I.D. NUMBER
John R. Renison	ison					1326396
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 AR TO DATE (IF REQUIRED)
4/3/14	Fortune Garden El Centro, Ca/ 92243	SCC		100.00		
4/3/14	New Fortune House 1627 East Main El Centro, CA 92243	SCC SCC		100.00		
5/12/14	William Brandt Brawley, CA	SCC SCC		400.00		
5/6/14	Patricia McGrew 1755 Meloland Holtville, CA	□ SCC		200.00		
5/12/14	Kuhn Land Leveling El Centro, CA 92243	SCC SCC		500.00		
			SUBTOTAL\$			
S-L-J						

## Schedule A Summary

11,256.72	Total monetary contributions received this period.     (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)
6743.28	2. Amount received this period – unitemized contributions of less than \$100\$
1800.00	1. Amount received this period – contributions of \$100 or more.  (Include all Schedule A subtotals.)\$

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee \*Contributor Codes

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary C	Monetary Contributions Received	to whole dollars.	ilars.		SEC. 15	CALIFORNIA ASO
				from 37	0/10/14	
			-00	through5/	5/17/14 P	Page of
NAME OF FILER					_	LD. NUMBER
John R. Renison	son					1326396
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 R TO DATE () (IF REQUIRED)
5/9/14	Plumbers and Pipefitters San Diego, CA	IND COM		250.00	250.00	250.00
5/9/14	Southern California Pipe Trades Los Angeles, CA	□M□□iND□ OOM		250.00	250.00	250.00
		DOTH H				
		OSCC OF THE SCC OF THE				
		OSC COM				
			SUBTOTAL \$	500.00		

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

#### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

	through _	from	Stateme
	5/17/14	3/18/14	Statement covers period
I.D. NUMBER	Page	FORM	CALIFORNI

1326396

ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	ı may ente	er the code. Othe	erwise, describe the payment.	
MP campaign paraphernalia/misc. MBR member communications NS campaign consultants MTG meetings and appearant MTG office expenses TB contribution (explain nonmonetary)*  OFC office expenses	member communications meetings and appearances office expenses	v	FAD radio airlime and production costs FFD returned contributions SAL campaion workers salaries	
PET PHO POL POS PRO	pelition circulating phone banks polling and survey research polling and elivery and mess professional services (legal print ads	petition circulating phense banks phone banks polling and survey research polling and survey and messenger services postage, delivery and messenger services professional services (legal, accounting) print ads	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 V/EB information technology costs (internet, e-mail)	ne candidate/sponsor -mail)
NAME AND ADDRESS OF PAYEE (FCOMMITTEE.ALSO ENTER ID. NUMBER)	CODE OR		ESCRIPTION OF PAYMENT	AMOUNT PAID
Calexico Little League	cvc	Sponsorship		\$250.00
Elections Department	FL	Filing fees		\$481.47
Elections Department	핃	Filing fees		\$300.00
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on Sc	hedule D.	SUBTOTAL\$	
schedule E Summary				
. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	)		\$ /	56 124 71 5
. Unitemized payments made this period of under \$100			s.	

56184.1

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

Type or print in ink.

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA A CO
Payments Made	to whole dollars.	from 3/18/14	FORM 450
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SEE INSTRUCTIONS ON REVERSE		through5/17/14	Page of
NAME OF FILER			I.D. NUMBER
John R. Renison			1326396
CODES: If one of the following codes accurately	CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	Otherwise, describe the payment.	

CNS campaign consultants  CRS campaign consultants  CRS campaign consultants  CRS contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  POS postage, delivery  LEG legal defense  LIT campaign literature and mailings  MTG meetings and app  PET petition circulating  PHO phone banks  POL polling and survey  PRO professional servi	meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	meetings and appearances  office expenses  SAL campaign workers' salaries petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  WEB information technology costs (internet, e-mail)	sts 3 3me cand/date/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Articulos Promocionales Mexicali, B.C.	СМР	Tee shirts and caps	\$200.00
Calexico Chronicle Calexico, CA	PRT	Newspaper ad	\$300.00
Graphix El Centro, CA	СМР	Brochures	\$1137.39
Depo Productions Calexico	FND	Sponsorship	\$200.00
Walmart Calexico	OFC	Office campaign supplies	\$222.20
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	on Schedule D.	\$UBTOTAL \$	4

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

Type or print in ink.

SCHEDULE E (CONT.)

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	through 5/17/14	
以後の でいかがな ないかない はなかある 一帯があれない		
FORM	from 3/18/14	to whole dollars.
CALIFORNIA	Otatament covers benon	Amounts may be rounded

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Shell Oil Company	Imperial Valley Press El Centro, CA	Jose Contreras Calexico	DPoly Restaurant Calexico	Antonio Marron Calexico, CA	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may entered the campaign paraphernalia/misc.  CNS campaign consultants  CNS 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  COFC office expenses  OFC office expenses  PHO phone banks  POL polling and survey reseaulting print ads  PRO professional services (legal defense)  PRT print ads
Schedule D.	TRC	PRT	SAL	F N D	SAL	CODE	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SUBTOTAL \$	Gas campaign expense	Ad space	Campaign salary	Campaign breakfast	Precinct walking expense	OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and production costs meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting)  Payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and production costs returned contributions  SAL campaign workers' salaries  Lt. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration  WEB information technology costs (internet, e-mail)
GA .	\$480.00	\$258.50	\$100.00	\$151.20	\$300.00	AMOUNT PAID	its ime candidate/sponsor

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. from. through Statement covers period 3/18/14 5/17/14 CALIFORNIA 1326396 Page. I.D. NUMBER 으

Tacomex Calexico FND Food expense	Depo Productions Calexico FND Sponsorship	Gerardo Venegas Calexico	Graphix  CMP  Printed campaign material	Graphix  CMP  Printed campaign material	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)  CODE OR DESCRIPTION OF PAYMENT  AM	CNP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  FG legal defense  LIT campaign paraphernalia/misc.  MBR member communications  MER member communications  MER member communications  MER member communications  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  FTEL t.v. or cable airtime and production costs  TEL t.v. or
\$608,11	\$200.00	\$200.00	\$488.88	\$574.11	AMOUNT PAID	sts ion costs eats meats the same candidate/sponso

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

Statement covers period 3/18/14 SCHEUULE E (CONT.

from

through

5/17/14

Page\_ I.D. NUMBER

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1326396

CALIFORNIA FORM

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. HE BAP COBS CODES: If one of the following codes accurately describes the Calexico, CA 92231 Rental Shop Calexico, CA California Flowers Teresa Soberanes Richard Rosales Calexico Jose Contreras civic donations contribution (explain nonmonetary)\* campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees campaign consultants campaign literature and mailings legal defense fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 공리성증품 payment, you may enter the code. Otherwise, polling and survey research postage, delivery and messenger services petition circulating office expenses meetings and appearances member communications professional services (legal, accounting) phone banks CODE FND FND FND CNS CNS Tables and Chairs Flowers for event Campaign event Sign installer Sign installer DESCRIPTION OF PAYMENT WEB PROPERTY OF TREE LAND REPORT TREE LA candidate travel, lodging, and meals radio airtime and production costs describe the payment. information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries
t.v. or cable airtime and production costs returned contributions SUBTOTAL \$ AMOUNT PAID \$251.00 \$200.00 \$450.00 \$120.00 \$102.00

Type or print in ink.

SCHEUULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	otatement covers period	CALIFORNIA A PO
Payments Made	to whole dollars.	from 3/18/14	FORM 400
		5/17/14	
SEE INSTRUCTIONS ON REVERSE		through 5/1//14	Page of
NAME OF FILER			ID NIMBER
			ויט. אטאוסמא
John K. Kenison			1326396
CODES: If one of the following codes accurate	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	Otherwise, describe the payment	
2			

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Jose Contreras	Graphix El Centro, CA	Antonio Marron Calexico	Teresa Soberanes Calexico, CA	Jose Contreras Calexico	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CNP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal iterature and mailings  MER member communit MISR member communit MISR meetings and app OFC office expenses FND fundraising events FND independent expenditure supporting/opposing others (explain)* FNO postage, delivery PRO professional services FNO professional services
Schedule D.	SAL	CMP	SAL	FND	CNS	CODE	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SUBTOTAL \$	Campaign worker	Brochures	Walker expense	Dinner expense for fundraiser	Signs for campaign	OR DESCRIPTION OF PAYMENT	member communications meetings and appearances meetings and appearances  office expenses petition circulating phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  print ads  RAD ratio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS vanifer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
49	\$102.00	\$567.60	\$100.00	\$420.00	\$296.00	AMOUNT PAID	ists Is same candidate/sponsor

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. from\_ through Statement covers period 3/18/14 5/17/14 CALIFORNIA 1326396 Page . I.D. NUMBER 앜

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Calexico Chronicle Calexico	Depo Productions Calexico	Marichi Mexicali	Jose Contreras	Dania Gil Calexico, CA	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	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 illerature and mailings  MBR member communit  MTG meetings and app  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey  POS postage, delivery  PRO professional servi
on Schedule D.	PRT	FND	FND	SAL	cyc	CODE	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SUBTOTAL \$	Newpaper ad	Sponsorship	Fundraiser music expense	Sign installer expenseq	Baseball team sponsorshipo	OR DESCRIPTION OF PAYMENT	member communications  meetings and appearances  office expenses  office expenses  petition circulating  phone banks  polling and survey research  postage, delivery and messenger services  professional services (legal, accounting)  print ads  RAD radio airtime and production costs  RED returned contributions  SAL campaign workers' salaries  t.v. or cable airtime and production costs  t.v. or cable airtime and production costs  to campaign workers' salaries  t.v. or cable airtime and production costs  to returned contributions  SAL campaign workers' salaries  TRC candidate travel, lodging, and meals  transfer between committees of the same candidate/sponsor  voter registration  WEB information technology costs (internet, e-mail)
48	180.00	\$200.00	\$500.00	\$100.00	\$250.00	AMOUNT PAID	ls me candidate/sponsor s-mail)

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

Statement covers period

from. 3/18/14 5/17/14

through.

CALIFORNIA FORM SCHEDULE E (CONT.)

1326396 I.D. NUMBER Page \_ 약

r ay ments that are contributions or independent expenditures must also be summarized on Schedule D.	Jose Contreras	T Mobile	Best Buy El Centro	Shell Oil Company	4 Imprint	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	describes the MBR MTG OFC POL POL POS PRO
Schedule D.	SAI	MBR	OFC	TRC	CMP	CODE	member communications member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and mess professional services (legat print ads
SUBTOTAL \$	Precinct worker expense	Mobile Phone	Phone accessory expense	Gas expense	Pens	OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating petition circulating phone banks phone banks postage, delivery and messenger services professional services (legal, accounting)  Tel t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs campaign workers' salaries trace t.v. or cable airtime and production costs campaign workers' salaries trace t.v. or cable airtime and production costs to campaign workers' salaries to campaign workers' salaries t.v. or cable airtime and production costs trace t.v. or cable airtime and production costs to campaign workers' salaries t.v. or cable airtime and production costs to campaign workers' salaries to campaign workers' sala
<i>9</i> 1	\$100.00	\$180.86	\$107.00	\$445.48	\$309,97	AMOUNT PAID	ts ime candidate/sponsor e-mail)

## Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

John R. Renison

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

Statement c

through

5/17/14

Statement covers period
3/18/14

CALIFORNIA 460

Page of Of 1326396

The state of the period of the	Calexico Education Foundation	Graphix	Gerardo Venegas Calexico, CA	Graphix El Centro, CA	Elections Department	NAME AND ADDRESS OF PAYEE  (IF COMMITTEE, ALSO ENTER   D. NUMBER)	describes the MBR MIGR OFC PEI PHO POL Jain)** PRO PRO PRT
Schedule D.	cvc	СМР	RAD	CMP	FIL	CODE	member communications member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SUBTOTAL \$	Scholarship donation	Flyers, business cards	Television show sponsorship	Flyers	Filing fees	OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  Telegate t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor WEB information technology costs (internet, e-mail)
	\$100.00	\$322.00	\$200.00	\$239,00	\$186.91	AMOUNT PAID	.s me candidate/sponsor ∍-mail)

#### SEE INSTRUCTIONS ON REVERSE Cover Page (Government Code Sections 84200-84216.5) Campaign Statement Recipient Committee Verification certify under penalty of perjury under the laws of the State of California that the foregoing is true 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. Committee Information Officeholder, Candidate Controlled Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS Calexico STREET ADDRESS (NO P.O. BOX) 1216 Primavera Drive Committee to Elect John R. Renison General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee State Candidate Election Committee Recall (Also Complete Part 5) Executed on Executed on Executed on Executed on 7/31/14 Dale STATE STATE Ca 92231 ZIP CODE ZIP CODE 1.0. NUMBER 1326396 Ballot Measure Committee Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 6) (Also Complete Part 7) Primarily Formed Controlled Sponsored through Statement covers period 760-357-4416 AREA CODE/PHONE AREA CODE/PHONE â δ θ å 3/48/4 d Type or print in ink. Signature of Controlling Officeholder, Candidate, State Measure Proponent of Responsible Officer of Sponsor and corres Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponen Date of election if applicable: (Month, Day, Year) CITY OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS NAME OF TREASURER Treasurer(s) John R. Renison Type of Statement: X Signature of Treasurer or Assistant Treasurer Semi-annual Statement Amendment (Explain below) Termination Statement Preelection Statement 6/3/14 Cecan REGISTRAR OF VOTERS MPERIAL COUNTY JUL 3 1 2014 RECEIVED Date Stamp STATE STATE ZIP CODE ZIP CODE Supplemental Preelection Special Odd-Year Report Statement - Attach Form 495 Quarterly Statement Page CALIFOR 2001/02 For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 약 CVER PAGE

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

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	Attach continuation sheets if necessary	continuation	Attach	AREA CODE/PHONE	STATE ZIP CODE		YTIO
OPPOSE					STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS STREE	COMMITTE
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SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NOIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	BER		ENAME	COMMITTEE NAME
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andidate(s) for	ames of officeholder(s) or ca	nittee List n	Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE? 7.	CONTROLI		NAME OF
				BER	I.D. NUMBER	ENAME	COMMITTEE NAME
FANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	List any committees narily formed to receive	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.	Committees Not In led in this statement that one or make expenditures	Related not include contributi
	)PONENT	)IDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
າroponent, if any	didate, or state measure p	eholder, cano	Identify the controlling officeholder, candidate, or state measure proponent, if any.	STATE ZIP CA 92231	(NO. AND STREET) CITY  Calexico,	RESIDENTIAL/BUSINESS ADDRESS () 1216 Primavera Drive	RESIDENT 1216 P
OPPOSE						Supervisor District 1	Superv
		JURISDICTION	BALLOT NO. OR LETTER	F APPLICABLE)	John R. Renison  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	John R. Renison  OFFICE SOUGHT OR HELD (INCLUDE	John R
			NAME OF BALLOT MEASURE		DATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF
		tee	Ballot Measure Committee	6.	Officeholder or Candidate Controlled Committee	older or Candidate (	. Officeh

# Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	fro	Statement covers period 5/17/14	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	6/30/14	Page of
NAME OF FILER				ID NUMBER
John R. Renison				1326396
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
. Monetary Contributions Schedule A, Line 3	\$ 2893.00	19,490.90	General Elections	
. Loans Received Schedule 8, Line 3				1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C. Line 3	\$	<i>G</i>		S
CEIVED	\$ 2893.00	\$ 19,490.00	21. Expenditures Made \$	69
s Made	\$ 8678.45	\$ 27,824.42	Expenditure Limit Summary for State Candidates	Summary for State
SUBTOTAL CASH PAYMENTS	\$ 8678.45	\$ 27,824.42	22. Cumulativ	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
. Accrued Expenses (Unpaid Bills)Schedule f. Line 3	n/a	n/a	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	n/a	n/a	(mm/dd/yy)	1
	00.00	\$ 21,024.42		€9
Current Cash Statement	1898.05			<b>€</b> 9
3. Cash Receipts	2893.00	To calculate Column B, add amounts in Column A to the		<b>⇔</b>
4. Miscellaneous Increases to Cash Schedule I, Line 4	n/a	from Column B of your last		€9
	-3886.95	Column A may be negative figures that should be		<b>₩</b>
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		<b>С</b>
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$n/	the first report being filed for this calendar year, only	*Since January 1 2001	
Cash Equivalents and Outstanding Debts	, n/o	from Lines 2, 7, and 9 (if any).	different from amounts reported in Column B	different from amounts reported in Column B.
	2/0		•	

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

18. Cash Equivalents.....

See instructions on reverse

GA 69

n/a n/a

### Monetary Contributions Received Schedule A

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

SCHEDULE A

Monetary (	Monetary Contributions Received	01	to whole dollars.	Statement covers period 3/18/14		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			gh	5/17/14 P	Page of
NAME OF FILER					1.5	I.D. NUMBER
John R. Renison	ison				13	1326396
DATE	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)	FER ELECTION TO DATE (IF REQUIRED)
5/28/14	Leon Falic 6100 Hollywood Blvd. Holywood, CA	□□COM □□OTH □PTY SCC	Export liquor	\$500.00	\$500.00	\$500.00
5/28/14	Simon Falic 6100 Hollywood Blvd. Hollywood, CA	DDTH SCC	Export Liquor	\$500.00	\$500.00	\$500.00
6/19/14	Jerome Falic 6100 Hollywood Blvd. Hollwood, CA q	MIND COM OTH SCC	Export liquor	\$500.00	\$500.00	\$500.00
		ODD ON O				
		DDDDD SCC SCC SCC SCC SCC SCC SCC SCC SC				
			SUBTOTAL \$			
Schedule A Summary	Summary				*Contribu	*Contributor Codes

2893.00

3. Total monetary contributions received this period.

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

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

1,500.00

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other

\*Contributor Codes

PTY - Political Party
SCC - Small Contributor Committee

1393.00

Amount received this period – contributions of \$100 or more.

#### Payments Made Schedule E

NAME OF FILER

John R. Renison

SEE INSTRUCTIONS ON REVERSE

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

from Statement covers period 3/18/14

CALIFORNIA FORM

5/17/14 Page I.D. NUMBER 으

1326396

through

크윤물물구 8 SES \$ CODES: If one of the following codes accurately describes the payment, you may enter the civic donations contribution (explain nonmonetary)\* campaign literature and mailings candidate filing/ballot fees campaign consultants campaign paraphernalia/misc. legal detense independent expenditure supporting/opposing others (explain)\* fundraising events 용관원들 professional services (legal, accounting) polling and survey research petition circulating office expenses meetings and appearances member communications postage, delivery and messenger services phone banks code. Otherwise, describe the payment. 걸떢 컹 둳 끃 radio airtime and production costs t.v. or cable airlime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions

information technology costs (internet, e-mail)

	SUBIOIALS		
		arized on Sc	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
\$200.00	Campaign workers	SAL	Lidia Ruby, Aurelio Serrano, and Jose Contreras Calexico, CA
\$120.00	Campaign worker	SAL	Jose Contreras
\$480.00	Fuel expense	TRS	Shell Oil Company
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)

### Schedule E Summary

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ......
- 2. Unitemized payments made this period of under \$100 ......
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ......(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 \$

43 60 60

n/a

6117.25 2561.12

8678,45

### Schedule E Payments Made

NAME OF FILER

John R. Renison

Type or print Amounts may be to whole do

from	ollars.
	be rounded
Sta	

Statement covers period 3/18/14 5/17/14 Page I.D. NUMBER 9

1326396

through

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitemized payments made this period of under \$100	1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Lidia Ruby, Aurelio Serrano, and Jose Contreras Calexico, CA	Jose Contreras	Shell Oil Company	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNS campaign consultants  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  NND independent expenditure supporting/opposing others (explain)*  NND independent expenditure supporting/opposing others (explain)*  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment when the payment you may enter the code. Otherwise, describe the payment when the payment to product on a contributions office expenses  OFC office expenses  OFC office expenses  FET petition circulating  PHO phone banks  POL polling and survey research  ITRS staff/spouse travet, lodging, accounting)  TRS staff/spouse travet, lodging, accounting)  VOT voter registration  VOT voter registration technology of the contributions of the payment of the payment product on product
e Summar	, Column (		.)		rized on Sc	SAL	SAL	TRS	CODE	u may entenunications appearance ses ating arreseard researd rery and messervices (legisterics)
y Page, Column A, Line 6.) TOTAL \$	(e).)\$	<b>9</b>			chedule D. SUBTOTAL \$	Campaign workers	Campaign worker	Fuel expense	OR DESCRIPTION OF PAYMENT	yment, you may enter the code. Otherwise, describe the payment.  RAD radio airlime and production costs meetings and appearances office expenses petition circulating petition circulating phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  WEB information technology costs (internet, e-mail)
					S	\$200.00	\$120.00	\$480.00	AMOUNT PAID	sts s ame candidate/sponso e-mail)

#### Payr Schedule E (Continuation Sheet)

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

SCHEDULE E (CONT.)

	SUBTOTAL \$			schedule D.	iso be summarized on	of mones that are contributions of independent expenditures must also be summarized on Schedule D.
\$740.00			Television ads	RAD		Channel 66 Mexicali, B.C.
1000.00			Newspaper ad	PRT		El Sol Del Valle Calexico, CA
\$190.00			Campaign workers	SAL:		Antonio Marron
\$120.00			Campaign workers	SAL	<b>±</b>	Antonio Marron and Aurelio Serrano
\$305.00			Campaign event	FND		Happy Hour Bar Calexico, CA
AMOUNT PAID		DESCRIPTION OF PAYMENT	OR DESCR	CODE		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s ne candidate/sponsor -mail)	describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	2500ac	the code. Other	member communications member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	PROSPECTOR MER TO	CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings
ier 3	I.D. NUMBER 1326396					John R. Renison
of	7/14 Page	through 5/17/14				SEE INSTRUCTIONS ON REVERSE
160 M	CALIFORNIA FORM	Statement covers period 3/18/14		rounded	Amounts may be rounded to whole dollars.	(Continuation Sheet) Payments Made

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

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the NAME OF FILER SEE INSTRUCTIONS ON REVERSE Happy Hour Bar Antonioi Marron Calexico, CA Aurelio Serrano and Antonio Marron Antonio Marron and Lidia Ruby Calexico, CA Jose Contreras, Lidia Ruby and Aurelio Serrano John R. Renison civic donations campaign paraphernalia/misc independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees contribution (explain nonmonetary)\* campaign consultants fundraising events campaign literature and mailings iegal detense NAME AND ADDRESS OF PAYEE PROPERTIES payment, you may enter the code. Otherwise, postage, delivery and messenger services petition circulating office expenses meetings and appearances member communications polling and survey research phone banks print ads professional services (legal, accounting) CODE CMP SAL SAL SAL SAL 유 Reception for campaign workers Campaign workers Campaign workers Campaign worker Campaign workers DESCRIPTION OF PAYMENT ᇗᇗᆿ MEN TSF from through Statement covers period describe the payment. t.v. or cable airtime and production costs radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions information technology costs (internet, e-mail) 3/18/14 5/17/14 **SUBTOTAL \$** CALIFORNIA 1326396 Page I.D. NUMBER FORM AMOUNT PAID q \$120.00 \$120.00 \$140.00 \$100.00 \$200.00

### Schedule E (Continuation Sheet) **Payment**

Type or print in ink.

Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA
Payments Made	to whole dollars.	from 3/18/14	FORM 410U
SEE INSTRUCTIONS ON REVERSE		through 5/17/14	Page of
NAME OF FILER			I.D. NUMBER
John R. Renison			1326396
CODES: If one of the following codes accurately describes the payment, you may enter the code.	describes the payment, you may enter the code. Ot	Otherwise, describe the payment	

	SUBTOTAL \$	chedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$740.00	Television ads	RAD	Channel 66 Mexicali, B.C.
1000.00	Newspaper ad	PRT	El Sol Del Valle Calexico, CA
\$190.00	Campaign workers	SAL:	Antonio Marron
\$120.00	Campaign workers	SAL	Antonio Marron and Aurelio Serrano
\$287.50	Newspaper advertising	PRT	Imperial Valley Press
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
ie candidate/sponsoi	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks phone banks postage, delivery and messenger services professional services (legal, accounting)  Dinit ads  AAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries returned contributions SAL campaign workers' salaries campaign and reads production costs FEL t.v. or cable airtime and production costs campaign workers' salaries SAL campaign workers' salaries sand appearances SAL campaign workers' salaries sand production costs FEL t.v. or cable airtime and production costs office expenses SAL campaign workers' salaries sand production costs TRC campaign workers' salaries sand production costs TRC campaign workers' salaries salaries TRC staff/spouse travel, lodging, and meals professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	CODES: If one of the following codes accurately describes the payment, you may e  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees FND fundraising events  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  CMP campaign paraphernalia/misc.  MBR member communications  MBR member communications  MGR meetings and appearanc  Offic expenses  PET petition circulating  PHO phone banks  POL polling and survey reseauch  PRO professional services (legal defense  LIT campaign literature and mailings

#### Cover Page Campaign Statement Recip ...t Committee SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Verification Committee Information 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 proxect. STREET ADDRESS (NO P.O. BOX) Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Calexico Committee to Elect John R. Renson 1216 Primavera Drive O Small Contributor Committee O Political Party/Central Committee General Purpose Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee (Also Complete Part 5) Executed on Executed on Executed on Sponsored Date 읾 STATE STATE S 92231 ZIP CODE ZIP CODE Ballot Measure Committee O Primarily Formed I.D. NUMBER Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 6) Sponsored (Also Complete Part 7) Controlled from through Statement covers period 760-357-4416 AREA CODE PHONE AREA CODE/PHONE â Ву θ æ Type or print in ink. Signature of Confrolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder. Candidate, State Measure Proponent Date of election if applicable: (Month, Day, Year) IMPERIAL COUNTY REGISTRAR OF VOTERS 'n OPTIONAL: FAX / E-MAIL ADDRESS CITY MAILING ADDRESS NAME OF TREASURER NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS Same as left John R. Renison Treasurer(s) Type of Statement: Amendment (Explain below) Preelection Statement Termination Statement Semi-annual Statement un sus CT 2 3 2014 RECEIVED Stamp STATE STATE ZIP CODE ZIP CODE Special Odd-Year Report Quarterly Statement Supplemental Preelection Statement - Attach Form 495 Page For Official Use Only AREA CODE/PHONE AREA CODE/PHONE o,

CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BO)	NAME OF TREASURER CC		COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		COMMITTEE NAME	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		1216 Primavera Drive Calexico, CA	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY	Supervisor District 1, Imperial County	John R. Renison  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
AREA CODE/PHONE	YES NO	CONTROLLED COMMITTEE?	NUMBER	AREA CODEBBONE	CONTROLLED COMMITTEE? 7.	I.D. NUMBER	nent: List any committees re primarily formed to receive acy.		CA 92231	STATE ZIP		UMBER IF APPLICABLE)		ő.
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE. OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.			BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD  SUPPORT OPPOSE	OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE	ames of officeholder(s) or candidate(s) for		DISTRICT NO. IF ANY	PONENT	didate, or state measure proponent, if any		☐ OPPOSE			

### Summary Page Campaign Disclosure Statement

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded Type or print in ink.

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SUMMARY PAG

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Page 3

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φ. œ Ò Ç 4. ω Ņ Expenditures Made Cash Payments... 14. Miscellaneous Increases to Cash..... 11. TOTAL EXPENDITURES MADE ..... 10. Nonmonetary Adjustment ..... 17. LOAN GUARANTEES RECEIVED 13. Cash Receipts ..... 12. Beginning Cash Balance ..... Current Cash Statement Contributions Received 16. ENDING CASH BALANCE ........ Add Lines 12 + 13 + 14, then subtract Line 15 Loans Made..... Payments Made ..... If this is a termination statement, Line 16 must be zero Accrued Expenses (Unpaid Bills) SUBTOTAL CASH PAYMENTS TOTAL CONTRIBUTIONS RECEIVED Nonmonetary Contributions ..... SUBTOTAL CASH CONTRIBUTIONS ..... Loans Received ..... Monetary Contributions ..... ...... Column A Line 8 above Previous Summary Page, Line 16 ...... Schedule C, Line 3 ..... Add Lines 3 + 4 ..... Schedule F, Line 3 Column A, Line 3 above Schedule C, Line 3 Schedule B, Part 2 Schedule I, Line 4 Schedule H, Line 3 Schedule E, Line 4 Schedule B, Line 3 Schedule A, Line 3 Add Lines 6 + 7 Add Lines 1 + 2 S S S €A Ś Ø Ç/3 S TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column A 21606.00 2914.55 2827.50 5742,05 2827.50 2827.50 2827.50 2606.00 2606 n/a n/a n/a n/a n/a n/a n/a n/a for this calendar year, only the first report being filed subtracted from previous figures that should be Column A may be negative amounts in Column A to the To calculate Column B, add period amounts. If this is report. Some amounts in trom Column B of your last corresponding amounts CALENDAR YEAR TOTAL TO DATE n/a37317.00 Column B 37316.00 37317.00 8418.50 8418.50 8418.50 n/a n/a n/a Candidates Expenditure Limit Summary for State 21. Expenditures 20. Contributions General Elections Running in Both the State Primary and Calendar Year Summary for Candidates Made Received Date of Election (mm/dd/yy) 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 69 Total to Date 7/1 to Date

different from amounts reported in Column B. \*Since January 1, 2001. Amounts in this section may be

carry over the amounts

from Lines 2, 7, and 9 (if

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above

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n/a ⊓/a

See instructions on reverse

FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

## Schedule A Monetary Contributions Received

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

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	11-2/8/201	Statement covers period	FORM	

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3. Total monetary contributions received this period. 2. Amount received this period - unitemized contribut ons of less than \$100 ...... Schedule A Summary Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) ......\$ 8/24/14 8/12/14 8/6/14 7/29/14 7/24/14 RECEIVED DATE 9890 Cherry Avenue Burrtec Waste Industries Brawley, CA 92227 William Brandt Excel Properties P. O. Box 5357 P.O. Box 46 El Centro, CA 92243 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Fontana, CA 92335 P.O. Box 118 Pico Rivera, CA 9500 Beverly Blvd. Aggregrate Products Inc William Plourd □□□□**⊠** No Pro OSC C THE OFFICE OF THE OFFICE OF THE OFFICE SCC PTY SCC SCC PTY NO DOWN SCC PTY NO DIND Disposal operator Cattle farmer Developer Shopping Center Farmer Contractor IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) **SUBTOTAL**\$ 69 AMOUNT RECEIVED THIS PERIOD 15,220.00 13,148.00 2072.00 \$1,000.00 \$2,500.00 \$1,000.00 \$500.00 \$250.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) \$2,000.00 COM -- Recipient Committee (other than PTY or SCC) PTY - Political Party OTH - Other \*Contributor Codes SCC - Small Contributor Committee IND → Individual PER ELECTION TO DATE (IF REQUIRED)

## Schedule A (Continuation Sheet) Monetary Contributions Received

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

from	Statement covers period	2/1/14-8	
FORM 40	GALIFORNIA	130/6C/EDULE A (CC	

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10/23/14

1510 Melanie Lane	John R. Renison  DATE RECEIVED  8/25/14 Arr 66: EI  8/12/14 Jan 411 Pa	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)  Arctic Air 667 East Ross Rd. EI Centro, CA 92243  James McNeal Jr. 414 West Elm Pasadena, CA  Chun nan Lo		IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD \$200.00	CUMULA CALET (JAN.	1-DEC
James McNeal Jr.  414 West Eim Pasadena, CA  Chun nan Lo 1510 Melanie Lane Aracadia, CA  Jack Hart 4425 Brandt Brawley, CA 92227  Craig Elmore P.O. Box 119 Brawley, CA  SIND COM	+   0	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID, NUMBER)  Arctic Air 667 East Ross Rd. El Centro, CA 92243		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED THIS PERIOD \$200.00	AMOUNT RECEIVED THIS PERIOD  \$200.00
James McNeal Jr.  414 West Elm Pasadena, CA  Chun nan Lo 1510 Melanie Lane Aracadia, CA  Jack Hart 4425 Brandt Brawley, CA 92227  Craig Elmore P.O. Box 119 Brawley, CA  SIND COM	/25/14	Arctic Air 667 East Ross Rd. El Centro, CA 92243	SCC SCC			\$200.00	\$200.00
Chun nan Lo  1510 Melanie Lane Aracadia, CA   Jack Hart  4425 Brandt Brawley, CA 92227  Craig Elmore P.O. Box 119 Brawley, CA  Brawley, CA  SIND OTH	3/12/14	James McNeal Jr. 414 West Elm Pasadena, CA	SCC SCC		200 SAT 1	\$500.00	\$500.00
Jack Hart  4425 Brandt  A425 Brandt  Brawley, CA 92227  Craig Elmore P.O. Box 119 Brawley, CA  Brawley, CA  Brawley, CA  SIND  Com  DOTH  SCC  SIND  Com  DOTH  DOTH  DOTH  Com  DOTH  DOT	V9/14	Chun nan Lo 1510 Melanie Lane Aracadia, CA	SCC SCC	Developer	A	\$498.00	\$498.00
Craig Elmore P.O. Box 119 Brawley, CA  Scc	8/28/14	Jack Hart 4425 Brandt Brawley, CA 92227	SCC			\$200.00	\$200.00
The state of the s	9/3/14	Craig Elmore P.O. Box 119 Brawley, CA	SCC SCC	Farmer		\$500.00	\$500.00

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

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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	7/1/14-71
CALIEDBAIA	S NEDULE A (CON

			10/13/14	9/30/14	9/23/14	DATE RECEIVED		NAME OF STREET	
			Pyramid Construction 839 Dogwood Rd. El Centro, CA 92243	Granite Construction P.O. Box 50085 Watsonville, CA	Jason Mordhorst 14440 Meadowrun St. San Diego, CA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR			
	SCC	OSCO OSCO OSCO OSCO OSCO OSCO OSCO OSCO	SCC SCC	SCC SCC	SCC SCC	CONTRIBUTOR CODE *			
SUBTOTAL\$					Healthcare Executive	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			
			\$1,000.00	\$1,000.00	\$250.00	AMOUNT RECEIVED THIS PERIOD		through 20/	from /
				\$2.000/00		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	E	Pa Pa	THE PERSON NAMED IN COLUMN TO SERVICE
						PER ELECTION TO DATE (IF REQUIRED)	LD, NUMBER	Page 6 of 9	FORM 4400

\*Contributor Codes

IND - Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other
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 CALIFORNIA 46 from 737777 FORM 79 of 9

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CVC civic donalitions  CVC civic donaliting  CVC civic donalitions  SAL campaign workers' salar  TEL tv. or cable airtime and phonous banks  TVC candidate fravel, lodging, and survey research  CVC civic donalitions  CVC civic donaliting  TVC candidate favel, lodging, and survey research  CVC civic donalitions  SAL campaign workers' salar  TVC candidate fravel, lodging, and survey research  CVC civic donalitions  SAL campaign workers' salar  TVC candidate fravel, lodging, and survey research  CVC civic donalitions  TVC candidate fravel, lodging, and survey research  CVC civic donalitions  TVC candidate fravel, lodging, and survey research  CVC civic donalitions  TVC candidate fravel, lodging, and messenger services  TVS transfer between commit  CVC civic donalitions  TVC candidate favel, lodging, and survey research  TVC candidate fravel, lodging, and survey research  TVS transfer between commit  CVC civic donalitions  TVC candidate favel, lodging, and survey research  TVS transfer between commit  TVS transfer between commit	ayment, you may enter member communications meetings and appearances office expenses office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal circulations).	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	wise, describe the payment.  RAD radio arlime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sponsor  VOT voter registration	s ne candidate/sp
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO EVITER I.D. NUMBER)	CODE OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
Best Buy El Centro, CA	OFC	Computer printer		
County of Imperial	OFC	Filing fees,etc.		
Jose Contreras Calexco, CA	CMP	Banners		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	rized on Sc	hedule D.	SUBTOTAL\$	
Schedule E Summary				
2. Unitemized payments made this period of under \$100			A €	1738.88
	, 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.)	e Summary	Page, Column A. I	TOTAL	5,591.00

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

NAME OF FILER

John R. Renison

SEE INSTRUCTIONS ON REVERSE

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

from through Statement co CALIFORNIA Page\_ THE E (CONT.)

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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following Graphix Sign Co. Graphix Sign Company El Centro, CA 395 Broadway Graphix Sign Company Calexico, CA Jose Contreras Jose Contreras civic denations independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees contribution (explain nonmonetary)\* campaign consultants campaign paraphernalia/misc. campaign literature and mailings fundraising events legal defense NAME AND ADDRESS OF PAYEE IF COMMITTEE, ALSO ENTER I.D. NUMBER) codes accurately describes the <sup></sup> 목공공무목표 유등 payment, you may enter the code. Otherwise, professional services (legal, accounting) postage, delivery and messenger services petition circulating office expenses meetings and appearances member communications print ads polling and survey research phone banks CODE CMP CMP CMP CMP CMP ဝ္က Banners Banners Banners Banners Banners DESCRIPTION OF PAYMENT RAD describe the payment. information technology costs (internet, e-mail) candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor radio airlime and production costs voter registration t.v. or cable airtime and production costs campaign workers' salaries returned contributions SUBTOTAL \$ AMOUNT PAID \$963,36 \$190,00 \$380.00 518.40 325.00

#### Payments Made Sche...ule E (Continuation Sheet)

NAME OF FILER

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

Statement covers period

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Page\_ I.D. NUMBER

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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: El Centro, CA Graphix Sign Company Mexicali, B.C. Articulos Promocionales Walmart Camarena Memorial Library Calexico, CA Calexico, CA civic donations contribution (explain nonmonetary)\* independent expenditure supporting/opposing others (explain)\* campaign paraphernalia/misc. campaign literature and mailings fundraising events candidate filing/ballot fees campaign consultants legal defense If one of the following codes accurately describes the NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER) <sup>목</sup> 공공 공무 목 리 유 등 등 payment, you may enter the code. Otherwise, member communications office expenses professional services (legal, accounting) postage, delivery and messenger services meetings and appearances print ads polling and survey research phone banks petition circulating CODE C MP CMP CVC 2 잃 banners Hats and tee shirts Gift certificates Library donation DESCRIPTION OF PAYMENT SP P describe the payment. information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor radio airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals voter registration t.v. or cable airtime and production costs campaign workers' salaries returned contributions SUBTOTAL \$ AMOUNT PAID \$241.92 \$370.00 \$100.00 \$200.00

Measure Proponent FPPC Toll-Free Helpline: 866(ASK-FPPC	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Executed on
Candidale, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State I	Ву		Executed on
ent or Responsible Officer of Sponsor	Signatue of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Contr		Execuled on
asurer	Signature of Treasurer or Assistant Treasurer	By		Executed on
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.)	ny knowledge the information contained in appropriate the information containe	reviewing this statement and to the best of my State of California that the foregoing is true ar	paring and reviewing taws of the State of C	4. Verification  I have used all reasonable diligence in preparing certify under penalty of perjury under the laws of the laws
Ġ,	OPTIONAL: FAX / E-MAIL ADDRESS			OFTIONAL: FAX / E-MAIL ADDRESS
STATE ZIP CODE AREA CODE/PHONE	CITY	AREA CODE/PHONE	E ZIP CODE	CITY STATE
	MAILING ADDRESS		ET OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
R. IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE 760-357-4416	TE ZIP CODE A 92231	Calexico CA
STATE ZIP CODE AREA CODE/PHONE	CITY			1216 Primavera Drive
	Same as left			STREET ADDRESS MA DA BOX
	NAME OF TREASURER  John R. Renison  MAILING ADDRESS		COMMITTEE)	Committee to Elect John R. Renson
	Treasurer(s)	NUMBER		3. Committee Information
		Officeholder Committee (Also Complete Part 7)	Onice (Also C	○ Small Contributor Committee ○ Political Party/Central Committee
		Primarily Formed Candidate/	Prima	<ul><li>General Purpose Committee</li><li>Sponsored</li></ul>
		Primarily Formed Controlled Sponsored	000 000	Also Complete Part 5)
Ouarterly Statement	2. Type of Statement:	omplete Parts 1, 2, 3, and 4. Ballot Measure Committee	nmittees – Compl	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  Officeholder, Candidate Controlled Committee  Ballot Measure Committee
RS.		through10/23/14	#	SEE INSTRUCTIONS ON REVERSE
MADERIAL COLINTY For Official Use Only	Date of election if applicable: (Month, Day, Year)	Statement covers period from 1/01/14	<del></del>	
Date Stamp CALIFORNIA 460 RECEIVED FORM	ink.	Type or print In ink.	I	Recipt Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

5. Officeholder or Candidate Controlled Committee		6. Ballot Measure Committee	Page	01 70
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
John R. Renison				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER	JURISDICTION	SUPPORT
Supervisor District 1, Imperial County				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	TY STATE ZIP			
1216 Primavera Drive Calexico, CA	o, CA 92231	Identify the controlling offic	Identify the controlling officeholder, candidate, or state measure proponent, if any.	easure proponent, if any
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT	
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.	tement: List any committees r are primarily formed to receive didacy.	OFFICE SOUGHT OR HELD	DISTR	DISTRICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Committee Li which this committee is primarily formed.	Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	er(s) or candidate(s) for
MITTEE ADDRESS (NO		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	R HELD SUPPORT OPPOSE
COMMITTEE NAME	AREA CODEPHONE	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	R HELD SUPPORT OPPOSE
		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	R HELD SUPPORT OPPOSE
	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	) ) )
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	Š			0,700
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	sary

### Summary Page Campaign Disclosure Statement

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

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	Statement covers period	114-5
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14. Miscellaneous Increases to Cash..... 13. Cash Receipts ..... 17. LOAN GUARANTEES RECEIVED 16. ENDING CASH BALANCE ......... Add Lines 12 + 13 + 14, then subtract Line 15 15. Cash Payments ... 12. Beginning Cash Balance ..... **Current Cash Statement** 11. TOTAL EXPENDITURES MADE ..... 10. Nonmonetary Adjustment ..... Expenditures Made Contributions Received Loans Made..... If this is a termination statement, Line 16 must be zero Accrued Expenses (Unpaid Bills) .... SUBTOTAL CASH PAYMENTS Payments Made ..... Nonmonetary Contributions..... SUBTOTAL CASH CONTRIBUTIONS ..... TOTAL CONTRIBUTIONS RECEIVED Loans Received ..... Monetary Contributions ..... ...... Column A, Line 8 above Previous Summary Page, Line 16 ..... Schedule C, Line 3 ...... Add Lines 3 + 4 Column A, Line 3 above Schedule I, Line 4 Schedule A, Line 3 Schedule B, Part 2 Schedule H, Line 3 Schedule E, Line 4 Schedule C, Line 3 Schedule B, Line 3 Schedule F, Line 3 Add Lines 6 + 7 Add Lines 1 + 2 S ea S Ø Ø Ø TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) Column A 15,220.00 -\$3886.95 ည် 15,220.00 즔 5,742.05 5591.00 5591.00 5591.00 5591.00 220.00 220.00 n/a n/a n/a n/a n/a n/a n/a the first report being filed subtracted from previous amounts in Column A to the for this calendar year, only Column A may be negative corresponding amounts To calculate Column B, add S period amounts. If this is figures that should be report. Some amounts in from Column B of your last (ج) 2 CALENDAR YEAR TOTAL TODATE Column B 34,710.90 7/00 70.3 Ô Ó Q O **Expenditure Limit Summary for State** Candidates 21. Expenditures **General Elections** 20. Contributions Running in Both the State Primary and Calendar Year Summary for Candidates Made Received Date of Election (mm/dd/yy) 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 ...O. NUMBER 69 Total to Date 7/1 to Date 36

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19. Outstanding Debts .....

Add Line 2 + Line 9 in Calumn B shove

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n/a n/a

> from Lines 2, 7, and 9 (if carry over the amounts

different from amounts reported in Column B.

FPPC Toll-Free Helpline: 866/ASK-FPPC

FPPC Form 460 (June/01)

\*Since January 1, 2001. Amounts in this section may be

See instructions on reverse

18. Cash Equivalents.....

Cash Equivalents and Outstanding Debts

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## Schedule A **Monetary Contributions Received**

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

Statement covers period

SCHEDULE A

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אל אינה מינה מינה מינה מינה מינה מינה מינה מ						I.D. NUMBER
DATE	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 TODATE (IF REQUIRED)
10/13/14	Granite Construction El Centro, cA	SCC		\$1,000.00	\$2,000.00	0
10/13/14	Kuhn Land Leveling El Centro,CA	MOTH SCC		\$500.00	\$1,000.00	0
10/13/14	Bruce Kuhn Equipment Rental	SCC		\$500.00		
10/20/14	Jacques Estel Felicity, CA	OTH SCC	Landowner	\$300.00		
10/25/14	Aggregate Products Heber, CA	SCC		\$1,000.00		
			SUBTOTAL\$	3300.00		
1. Amount red (Include all	Schedule A Summary  1. Amount received this period – contributions of \$100 or more.  (Include all Schedule A subtotals.)		<del>б</del>	3300.00	*Contributor Co IND – Individual COM – Recipien	*Contributor Codes IND – Individual COM – Recipient Committee
	Amount received this period – unitemized contributions of less than \$100	n \$100	<del>6</del> 9	396.00	(olhe) OTH Olher	(other than PTY or SCC) OTH – Other PTY – Political Party
<ol> <li>Total mone</li> </ol>	Total monetary contributions received this period.	-		3806 00	SCC-Sr	SCC – Small Contributor Committee

3696.00

## Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

from Statement covers period 1/01/14 10/23/14

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I.D. NUMBER

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)	2316:18	Page, Column A, Line 6.) TOTAL \$	the Summary	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)
	n/a		t 1, Column (e)	Total interest paid this period on loans, (Enter amount from Schedule B, Part 1, Column (e).)
	766.18	\$		Unitemized payments made this period of under \$100
00	12 99,00	€7	15.)	Schedule E Summary . Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
. 11		nedule D. SUBTOTAL\$	narized on Sch	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
,	\$140.00	Walking precincts	SAL	Jose Contreras Calexico, CA
'	\$117.37	Food expense	мтс	Food 4 Less Calexico, CA
Ē	\$129.99	Campaign meal	MTG	DPoly Restaurant Calexico, CA
•	AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (#FCOMMITTEE ALSO ENTER LO, NUMBER)
	candidate/sponsor	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travet, lodging, and meals  TRS staff/spouse travet, lodging, and meals  TRS staff/s	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MP campaign paraphernalia/misc.  MBR member community.  MIG meetings and apportic contribution (explain nonmonetary)*  Civic donations  Candidate filing/ballot fees  ND fundralising events  ND fundralising events  ND independent expenditure supporting/opposing others (explain)*  POS postage, delivery PRO professional services.  FRI print ads
		r the code Otherwise describe the neument	ou mav enter	CUES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise describe the nayment

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES:

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

Amounts may be rounded Type or print in ink.

to whole dollars.

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describe the payment.

	SUBTOTAL \$	Schedule D.	summarized on	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$241.92	banners	CMP		Graphix Sign Company El Centro, CA
\$370.00	Hats and tee shirts	C MP		Articulos Promocionales Mexicali, B.C.
\$100.00	Gift certificates	VIO		Walmart Calexico,CA
\$200.00	Library donation	CVC		Camarena Memorial Library Calexico, CA
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ne candidate/	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)  PRO returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs TEL t.v. or cable airtime and production costs transitime and production costs campaign workers' salaries t.v. or cable airtime and production costs transitime and production costs campaign workers' salaries t.v. or cable airtime and production costs transitime and production costs campaign workers' salaries t.v. or cable airtime and production costs transitime and production costs transitime and production costs to returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs transitime and production costs to returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs transitime and production costs to returned contributions	member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	MBR member communications MIG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and m PRO professional services (le PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings