1	is Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Date	executed on
l	le Messure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Dale	Executed on
1 1	grent or Responsible Officer of Sponsor	Signature of Tuestupt of Assistant Beasurer Signature of Tuestupt of Assistant Beasurer Signature of Controlling Officer of Sponsor			1/2 Date/14	Executed on
is true and complete. I certify	d herein and in the attached schedules	Verification Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 13111 Executed on 13111	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my know under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Ru Ru	nd reviewing this str of California that th	nable diligence in preparing au iny under the laws of the State	4. Verification Thave used all reason under penalty of perjunction Executed on
	<u>:</u> SS	OPTIONAL: FAX / E-MÁIL ADDRÉSS			No State of the St	
E AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	ZIP CODE	STATE	CITY
		MAILING ADDRESS		T OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	MAILING ADDRESS (II
	ER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE 760-357-4416	ZIP CODE 92231	STATE CA	CITY Calexio
AREA CODE/PHONE	STATE ZIP CODE	CITY			(NO P.O. BOX) Fra Drive	1216 Primavera Drive
		MAILING ADDRESS				
		NAME OF TREASURER John R. Renison		CMMITTEE)	Committee to Elect John R. Renison	Committee to El
		Treasurer(s)	96	1.D. NUMBER 1326396	rmation	3. Committee Information
			(Also Complete Part 7)	(Also Comp	Political Party/Central Committee	. O Political Party
	low)	Changing (Explain below)	Primarily Formed Candidate/ Officeholder Committee	☐ Primarily Officeho	Sponsored Small Contributor Committee	Sponsored Small Contributor Commi
Supplemental Preelection Statement - Attach Form 495		(Also file a Form 410 Termination)	nsored Neta Part 6)	Sponsored (Also Complete Part 6)		(Also Complete Part 5)
Quarterly Statement Special Odd-Year Report	Quarteri	Preelection Statement Semi-annual Statement Termination Statement	Primarily Formed Ballot Measure Committee Controlled		Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall	Officeholder, Cau State Candid
		2. Type of Statement:	Parts 1, 2, 3, and 4.	mittees - Complete	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	1. Type of Recipie
	REGISTRAR OF VOTERS	11/5/14	ugh 12/31/14	through	EVERSE	SEE INSTRUCTIONS ON REVERSE
Page of For Official Use Only		Date of election if applicable: (Month, Day, Year)	Statement covers period 10/23/14	from s		
2 4	RECEIVED]	tions 84200-84216.5)	(Government Code Sections 84200-84216.5)
CALIFORNIA 460					ement	Campaign Statement Cover Page
JVER PAGE		7	Type or print in ink		mittee	Recipie Committee

			Page	of _
5. Officeholder or Candidate Controlled Committee	tee	6. Primarily Formed Ballot Measure Committee	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
John R. Renson				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	TION	SUPPORT
Supervisor, Imperial County, District 3 1				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Y STATE ZIP			
1216 Primavera Drive Calexico	CA. 92231	Identify the controlling officeholder, candidate, or state measure proponent, if any.	andidate, or state measure	proponent, if any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	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	ement: List any committees are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	IF ANY
COMMITTEE NAME	I.D. NUMBER			
Committee to Elect John R. Renison	1326396			
	CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed. 	iceholder Committee Li	List names of
John R. Renison	☑ YES ☐ NO		of the property of the propert	ğ
COMMITTEE ADDRESS (NO P.O. BOX)	×	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	TROPPORT
1216 Primavera Drive				OPPOSE
CITY STATE ZIP CODE	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
Calexico CA 92231	760-357-4416			SUPPORT
COMMITTEE NAME	I.D. NUMBER			0
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	Š			L OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE	Attach continua	Attach continuation sheets if necessary	

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

Summary Page	Amounts may be rounded		Statement covers period	COMMISSION
	to whole dollars.	from	10/23/14	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	12/31/14	Page 1 of 11
VAME OF FILER				D ALLMARIA
Committee to Elect John R. Renison				1326396
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summ Running in Both the	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	\$	1/1 sh	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Schedule B, Line 3	, 1	\$n/a	ons	
ဂ္ဂ	n/a		Received \$	6.9
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	ψs	\$	Made \$	45
Expenditures Made 5. Payments Made Schedule E, Line 4		•	Expenditure Limit S	Limit Summary for State
7. Loans Made Schedule H, Line 3 B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	φ	\$	22. Cumulativ	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F. Line 3	n/a	n/a	Date of Election	Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3	n/a	n/a	(mm/dd/yy)	;
11. IOIALEXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	\$		GA
Current Cash Statement 12. Beginning Cash Balance	\$ 5742.05			9
13. Cash Receipts Column A, Line 3 above	n/a	amounts in Column A to the corresponding amounts		*Amounts in this section may be different from amounts
Colun		report. Some amounts in	reported in Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15				
		the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2	\$ n/a	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	n/a	-		
Outstanding Debts				
			FPPC Toll-Free Helplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

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

SCHEDULE A

workelary	Wolletary Contributions Received	to	to whole dollars.	Statement covers period	covers period	CALIFORNIA 160
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE				12/31/14	TOKIN
NAME OF FILER				III gaoiii		Pageof
John R. Renison	enison					1.D. NUMBER 1326393
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 AR TO DATE 31) (IF REQUIRED)
10/27/14	Llantera Mi Negrita 602 Kloke Rd. Calexico CA 92231	MOD IND		\$100.00	\$1 00.00	0
		□scc				
10/27/14	Republic Services Phoenix, AZ			\$450,00	84 50,00	0
10/30/14	Brock Seed Company 1399 Forrester Rd. El Centro, CA	O PTY SCC		\$250.00	\$250.00	0
11/13/14	William Brandt P.O. Box 118 Brawley, CA	DSCC PTY PTY		\$200.00	\$200.00	0
12/31/14	Excel Management P.O. Box 5357	DSCC		\$1,500.00	\$3,000.00	0
			SUBTOTAL \$			
Schedule A Summary 1. Amount received this peri (Include all Schedule A su	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		G	5031.00	*Contrib IND - In	*Contributor Codes IND – Individual COM – Recipient Committee
 Amount rec Total monet 	 Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this position 	of less than \$1		150,00	9-719 - HTO	(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party
(Add Lines	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	າn A, Line 1.)	TOTAL \$	\$5,181.00	SCC-S	SCC - Small Contributor Committee

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

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

from

Statement covers period 10/23/14

SCHEDULE A (CONT

		\$	\$ SUBTOTAL			
		\$250.00		OOGOON SCC SCC SCC SCC SCC SCC SCC SCC SCC SC	Chelseal Investment Corp. 5993 Avenida Encinas, Suite 101 Carlsbad, CA 92008	10/23/14
		\$100.00	Developer	OOOOM OSCC OSCC	Charles Schmid 1710 Orange Blossom Way Encinitas, CA 92024	10/22/14
		\$500.00		OOSCO SCC OSCC OSCC OSCC OSCC OSCC OSCC	Salazar Law 600 West Broadway El Centro, CA 92243	10/20/14
	\$500.00	\$500.00	Retired	OOOOB SCTY SCTY SCTY SCTY SCTY SCTY SCTY SCTY	Rockwell D. King	12/2/14
	\$1,000.00	\$1,000.00		COSCO NO SCOOL	Oasis at Las Palmas, LLP 4909 Murphy Canyon Rd.	12/3/14
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE CF CONTRIBUTOR	DATE RECEIVED
MBER 96	1.D. NUMBER 1326396				nison	John R. Renison
of	12/31/14 Page	through 12/3				

*Contributor Codes

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

Monetary Contributions Received Schedu... A (Continuation Sheet)

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

Statement covers period 10/23/14

SCHEDULE A (CONT.

CALIFORNIA

				from	10/23/14	FORM 400
NAME OF FILER				through12/	12/31/14	Page of
John R. Renison	ison				72	1.D. NÜMBER 1326396
DATE	T ADDRESS AND ZIP CODE OF CONTRIBUTOR COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE AR (IF REQUIRED)
10/21/14	Cheri Hoffman 7824 Sitio Tejo Carlsbad, CA	OOOO® SCCOM	Developer	\$100.00		, direct of
10/22/14	William Peavey 15112 Vali Hai Rd. Poway, CA	OOOO®	Developer	\$100.00		2.4
10/21/14	James Schmid Carlsbad, CA	OOOOO	Developer	\$100.00		
10/2714	Cachanilla Trucking 602 East Kloke Rd. Calexico, CA 9 2231	00000 S P O C N		\$100.00		
		OOOOO SCC TY H M				
			\$UBTOTAL\$			· · · · · · · · · · · · · · · · · · ·

*Contributor Codes

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

OTH - Other

PTY ~ Political Party
SCC ~ Small Contributor Committee

Schedule E

Type or print in ink,

to whole dollars,

10/23/14 12/31/14 Page CALIFORNIA 9 **4**60 SCHEDULE

2. Unitemized payments made this period of under \$100 ယ 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... 두돈돌림 Schedule E Summary * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Jorge Munoz Calexico, CA CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE NAME OF FILER Sinai Zepeda and Jorge Munoz Lidia Rubi, Jorge Munoz, Jose Contreras Payments Made Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).................. Committee to Elect John R. Renison civic donations contribution (explain nonmonetary)* independent expenditure supporting/opposing others (explain)* candidate filing/ballot feet campaign consultants campaign paraphernalia/misc. campaign literature and mailings legal defense fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) RPH SA Amounts may be rounded member communications professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks office expenses meetings and appearances print ads petition circulating CODE SAL SAL SAL ဝ္ဘ Precinct walking Precinct walking Precinct walking DESCRIPTION OF PAYMENT SAL 椞쫇얼垣 Ş from through Statement covers period information technology costs (internet, e-mail voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions radio airtime and production costs transfer between committees of the same candidate/sponsor campaign workers' salaries TOTAL SUBTOTAL \$ 1326396 I.D. NUMBER 69 ₩ AMOUNT PAID 4,505.00 5900.00 1395.00 \$100.00 \$160.00 \$100.00 n/a

Payments Made Schedu. E (Continuation Sheet)

Type or print in lak. to whole dollars.

SCHELULE E (CONT.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Jose Contreras Jorge Munoz and Jose Contreras CODES: NAME OF FILER SEE INSTRUCTIONS ON REVERSE T Mobile Jose Contreras and Antonio Marron Jose Contreras and Antonio Marron Committee to Elect John R. Renison civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign literature and mailings independent expenditure supporting/opposing others (explain) candidate filing/ballot fees campaign consultants legal defense fundraising events If one of the following codes accurately describes the payment, you may enter the code. Otherwise, NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRIPS Amounts may be rounded office expenses professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating meetings and appearances member communications CODE SAL SAL MBR SAL SAL 유 Precinct walking Precinct walking Phone expense Precinct walking Walking precincts DESCRIPTION OF PAYMENT ₩ Yes 걸点 장장 from through Statement covers period t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor radio airtime and production costs describe the payment. returned contributions information technology costs (internet, e-mail) voter registration campaign workers' salaries 10/23/14 12/31/14 SUBTOTAL \$ CALIFORNIA 1326396 Page _ I.D. NUMBER FORM AMOUNT PAID 9 **46**(\$150.00 \$110.00 \$100.00 \$140.00 \$255.00

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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. Committee to Elect John R. Renison from. through Statement covers period 10/23/14 12/31/14 CALIFORNIA FORM ' Page _ 1326396 I.D. NUMBER 앜 460

CNP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FET pet FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (expla n)* FOS pos FRO pro FRO pro	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travet, lodging, and meals TRS staff/spouse travet, lodging, and meals Ssenger services TSF transfer between committees of the same candidate/sponsoral, accounting) WEB information technology of the same candidate/sponsoral.	ls me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Calexico Chamber of Commerce	cvc	Table sponsorship for gala event	\$350.00
El Lechugon	PRT	Newspaper ad	\$200.00
Gerardo Venegas	RAD	Television ad sponsorship	\$300.00
Antonio Marron	SAL	Campaign walking	\$100.00
Jose Contreras	SAL	Campaign walking	\$160.00
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	rized on Schedule D.	SUBTOTAL S	P

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

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

Statement covers period

from

10/23/14

CALIFORNIA FORM SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE			through 12/31/14	Page of_	
Committee to Elect John R. Renison				I.D. NUMBER 1326396	
CODES: If one of the following codes accurately describes the payment, you CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member commur MC metings and ap OFC office expenses FET pelition circulatin PHO phone banks POL polling and survi POS postage, deliven PRO professional sen PRT print ads	payment, you may enter the code. member communications meetings and appearances office expenses pelltion circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	the code. ger services accounting)	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso voter registration VEB information technology costs (internet, e-mail)	costs uction costs I meals and meals of the same candida	te/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	DESCRIPTION OF PAYMENT	AMOUNT PAID	TPAID
Calexico Chronicle	PRT	Newspaper display ad	ay ad		\$450.00
El Sol Del Valle Newspaper	PRT	Newspaper print ad	ad		\$270.00
Intermedia Mexicali, B.C.	TEL	Television ads			\$400.00
Bulldog Radio Calexico	RAD	Radio sponsorship	þ		\$100.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	on Schedule D.		INS	SUBTOTAL \$	

SUBTOTAL \$

Measure Proponent or Responsible Officer of Sponsor Candidate, State Measure Proponent Candidate, State Measure Proponent	Signature of Controlling 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			Executed on
rein and in the attached schedules is true MARA Treasurer Treasurer	wedge the information contained herein and the state of the same o	alement and to the best of my known foregoing is true and correct. By	nd reviewing this story of California that the	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attacked schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 7/31/2015 By Signature of Executer of Assistant Treasurer Signature of Executer of Assistant Treasurer Executed on 7/3/2015 By By By Signature of Executer of Assistant Treasurer
SS	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX I E-MAIL ADDRESS
STATE ZIP CODE	ĞITY	AREA CODE/PHONE	ZIP CODE	CITY STATE
R, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	AREA CODE/PHONE 760-357-4416	2IP CODE 92231 T OR P.O. BOX	CALEXICO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
STATE ZIP CODE	CITY			STREET ADDRESS (NO P.O. BOX) 1216 Primavera Drive
	John Renison MAILING ADDRESS Same as 3		OMMI - CC)	Committee to Elect John Renison
	Treasurer(s)	96	1.D. NUMBER 1326396	3. Committee Information
☐ Quarterly Statement☐ Special Odd-Year Report☐ Supplemental Preelection Statement - Attach Form 495	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Caponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	nittees - c	1. Type of Recipient Committee: All committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee
IMPERIAL COUNTY REGISTRAR OF VOTERS		ugh 6/30/15	through	SEE INSTRUCTIONS ON REVERSE
AUG 0 3 2015	Date of election if applicable: (Month, Day, Year)	Statement covers period 1/1/15	from	PARTITION COMPANY OF THE COMPANY OF
Date Stamp CALIFORNIA FORM	nk.	Type or print in ink		Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216 51

Page	CALIFORNIA FORM	COVER PA
	460	COVER PAGE - PART 2

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC To	<u></u>	\$n/a	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	7, and 9 (if	from Lines 2, 7 any).	\$n/a	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse
	ar year, only	for this calendar year, only carry over the amounts	\$n/a	17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2
	ould be m previous s. If this is	<u> </u>	\$ 2024.76	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.		amour corres; from C report.	n/a 3717.29	13. Cash Receipts
•	olumn B, add	To calculate Column B, add	\$ 5742.05	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16
\$		<i>ب</i>	\$ 3717.29	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
Date of Election Total to Date (mm/dd/yy)	Date (m		N/A	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		ю 	\$ 37.17.29	SUBTOTAL CASH PAYMENTS
iture Limit Summary for State	Expenditure Candidates	45	\$ 37.17.29	xpenditures Made Payments Made
Expenditures Made \$\$	21. Exper Made	φ	\$ 1,350.00	1
Contributions Received \$ \$	20. Contributi	€9	\$1,350.00	S
1/1 through 6/30 7/1 to Date		6	n/a	2. Loans Received Schedule 8, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B Calenda CALENDAR YEAR TOTALTODATE General	•	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	ontributions Received
i.d. NUMBER 1326396				John R. Renison
6/30/15 Page of	through 6/3			SEE INSTRUCTIONS ON REVERSE
california 460	Statement covers period 1/1/2015		to whole dollars.	Summary Page

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

from1/1/2015	Statement covers period

through

1326396

John R. Renison

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. OMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IT campaign illerature and mailings NAME AND radio airtime and product meetings and appearances OFC office expenses FET petition circulating FHO phone banks POL polling and survey research PRO professional services (legal, accounting) PRI print ads CODE OR RAD radio airtime and product meetings and appearances SAL campaign workers' salar returned contributions SAL campaign workers' salar returned contributions SAL campaign workers' salar recondidate filing be airtime and product office expenses FRO phone banks POL polling and survey research PRO professional services (legal, accounting) WEB information technology or describe the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and product meetings and appearances SAL campaign workers' salar recondidate travel, lodging, accounting) TRS staff/spouse travel, lodging, accounting) WEB information technology or describes the payment, you may enter the code. Otherwise, radio airtime and product communications FRD returned contributions SAL campaign workers' salar TRC candidate travel, lodging, accounting) WOT voter registration WEB information technology or describes the payment.	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads CODE OR	yment, you may enter the code. Otherwise, communications member communications RAD meetings and appearances office expenses petition circulating petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting) print ads CODE OR DESCRIPTIO	describe the payment. D radio airlime and production costs D returned contributions L campaign workers' salaries L t.v. or cable airlime and production costs C candidate travel, lodging, and meals S staff/spouse travel, lodging, and meals F transfer between committees of the same candidate/sponsor T voter registration B information technology costs (internet, e-mail)	me candidate/spor
independent expenditure supporting/opposing others (explain)* POS legal defense PRO campaign literature and mailings	ivery and mes services (lega	ŭ		ne ca -mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DESCRIPTION OF PAYMENT	
Subway Sandwiches Calexico, CA	TRC	Campaign meals to former workers	ormer workers	
T Mobile Bellevue, WA	MBR	Mobile phone expense	Ö	
Imperial Valley Press El Centro, CA	PRT	Campaign ad expense	č	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on Sc	hedule D.	SUBTOTAL\$	

Schedule E Summary

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. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 3717.29 2768.51 948.78 n/a

Schedule E Payments Made (Continuation Sheet)

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

from. Statement covers period

through.

6/30/15

Page _

1/1/2015 CALIFORNIA 460 SCHE LEE (CONT.)

SEE INSTRUCTIONS ON REVERSE		through Page	of
NAME OF FILER John R. Renison		I.D. NUMBER 1326396	ER
DES: If one of the following codes accurately describes the campaign paraphernalia/misc. MBR campaign consultants	nu may eninunications appearances es thing	If the code. Otherwise, RAD RFD SAL TEL TRC	
independent expenditure supporting/opposing others (explain)* PCS legal defense PRO campaign literature and mailings	ery and mes services (lega	enger services TSF accounting) VOT WEB	ne candidate/sponsor -mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	COD€ O	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ron Redden El Centro, CA	POL	Post Campaign polling expense	\$150.00
Fortune House El Centro, CA	TRC	Office lunch expense	\$100.00
Dania Gil Calexico, CA	СУС	Baseball team sponsorship donation	\$150.00
Edna Cervantes Calexico, CA	CVC	Soccer team donation	\$110.00
Imperial Valley Press El Centro, CA	PRT	Candidate ad expense	\$610.90
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	Schedule D.	SUBTOTAL \$	

Recipient Committee Campaign Statement Cover Page

ampaign Statement over Page			RECEIVED	FORM 460
	Statement covers period	Date of election if applicable:	FEB 1 2016	Page of
	from 71/15	(Month, Day, Year)		For Official Use Only
E INSTRUCTIONS ON REVERSE	12/31/15		REGISTRAN OF VOTERS	
Type of Recipient Committee: All Committees Complete Bart 1 2 2 and 1	Salata Data da a anala	J Tuno of Ctotomont		

JUVER PAGE

SEE INSTRUCTIONS ON REVERSE	ERSE	through_	jh 12/31/19			V C 1026	
 Type of Recipient 	 Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 	s – Complete Pa	rts 1, 2, 3, and 4.	Type of Statement:			
Officeholder, Candider State Candidate Recall (Also Complete Pert 5)	Officeholder, Candidate Controlled Committee © State Candidate Election Committee O Recall (Also Complete Part 5)	Primarily Form Committee Controlled Sponsored Also Complete Part 81	Primarily Formed Ballot Measure Committee O Controlled O Sponsored O Sponsored	 ☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) 	t srmination)	☐ Quarter☐ Special	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	nmnittee r Committee entral Committee	Primarily Form Officeholder C (Also Complete Part 7)	Primarily Formed Candidate/ Officeholder Committee (Abo Compile Per 7)	Amendment (Explain below)	slow)		
3. Committee Information	ation	I.D. NUMBER 1326396	6	Treasurer(s)			
COMMITTEE NAME (OR CA	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	E)		NAME OF TREASURER			
Committee to elect John R. Renison	John R. Renison			John R. Renison			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)	BOX			1216 Primavera Drive			
1216 Primavera Drrive	rive			Calexico	STATE	: ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
Calexico	CA	92231	760-357-4416				
MAILING ADDRESS (IF DIFF	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	BOX		MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADORESS	ORESS			OPTIONAL: FAX / E-MAIL ADDRESS	S		

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of pryknowledge 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. Euser

Executed on . Executed on. Executed on Executed on Date Date P

> By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Emison of Treasurer or Adsistant Theasure

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

ALIFORNIA FORM	COVER PAGE
460	GE - PART 2

	Attach continuation sheets if necessary	Attach continuatio	AREA CODE/PHONE	STATE ZIP CODE	ALIO
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	YES NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEROCUER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEROLDER OR CANDIDATE	DE AREA CODE/PHONE	STATE ZIP CODE	CITY
st names of d.	eholder Committee Lis	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	CTBEET ADDRESS AND DO NO	NAME OF TREASURER
			I.D. NUMBER	COMMITTEE NAME	COMMITTEE NAME
FANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	ement: List any committees are primarily 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	Related Committe not included in this sta
onent, if any,	lling officeholder, candidate, or state measure proponent, if any.	Identify the controlling officeholder, candi	O CA 92231	1216 Primavera Drive Calexico	1216 Primavera Drive
☐ SUPPORT		SOCIO NO. OX FELLEX	NOMBEY II OFFICIONDEE)	Supervisor, Imperial County, District 1	Supervisor, Imper
		S m		John R. Renison	John R. Renison
	Committee	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Candidate Con
of	Page				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

Column A Column B ITONAL THIS PERROD IN/B IN/B IN/B IN/B IN/B IN/B IN/B IN/B	Summary Mage	from	71/15	FORM 460
Column A Column B Column B Column B Column B Column B Column B Calendar Year Summar 13.50.00 Calendar Year C	SEE INSTRUCTIONS ON REVERSE	through	12/31/15	
Column A Column B Calendar Year Summar Column B Calendar Year Summar Column B Calendar Year Summar Calendar Year Ca	John R. Renison			1.D. NUMBER 1326396
Schedule A, Line 3	Received	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sumr Running in Both the	nary for Candidates State Primary and
Schedule E, Line 4 \$ \frac{n/a}{\text{Imit Sumi}} \	Monetary Contributions	1,350 \$1,350	neral Election Contributions Received \$	{ • •
Schedule F. Line 3	Nonmonetary ContributionsSchedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 \$	\$1,,350	Expenditures Made	₩
Schedule F, Line 3	xpenditures Made Payments Made Loans Made Schedule E, Line 4 Schedule H, Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		Expenditure Limit Si Candidates 22. Cumulative	ummary for State Expenditures Made* funtary Expenditure Limit)
	Accrued Expenses (Unpaid Bills)		Date of Election (mm/dd/yy)	1
amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts of from Lines 2, 7, and 9 (if any).		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some	*Amounts in this section ma	\$y be different from amounts
Cash Equivalents	es 12+13+14, then subtract Line 15 \$ \$2024 ist be zero. Schedule B, Part 2 \$ iding Debts	be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any)		
	Cash Equivalents and Outstanding Debts Cash Equivalents	Lines 2, 7,		FPPC Form 460 (Jan/2016)

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

			from 7/1/15	7/1/15	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			A	12/31/15	Pageof
NAME OF FILER					I.D. NUMBER
John R. Renison					1326396
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	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 AR TO DATE AR (IF REQUIRED)
3.	OCC ON SCC				
	OSCC OSC				
	OSCC ON OSC				
			,		
	DDDDD SCC PTY MODELING	-			N.
		\$ SUBTOTAL		5 123	
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		g		*Contrib IND - In	*Contributor Codes IND – Individual COM ~ Recipient Committee
 Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period 	of less than			PTY - P	OTH - Other (e.g., business entity) PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL	nn A, Line 1.)	TOTAL \$			Commence Commence

Payments Made Schedule E

NAME OF FILER

John R. Renison

Amounts may be rounded to whole dollars.

e rounded illars.	Statement covers period 7/1/15 from 7/1/15	CALIFORNIA 460 FORM of
		Page of
		I.D. NUMBER
		1326396

	SUBTOTAL \$	dule D.	e summarized on Sched	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
s ne candidate/sponsor ⊱-mail)	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	ayment, you may enter the code. I 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	es the payment, you may end MBR member communications MTG meetings and appearance OFC office expenses PET pelition circulating PHO phone banks POL polling and survey resear POS postage, delivery and mee PRO professional services (leg PRT print ads	DODES: If one of the following codes accurately describes the payment, you may enter the code. Other campaign paraphernalia/misc. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research ND independent expenditure supporting/opposing others (explain)* PCS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

Schedule E Summary

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