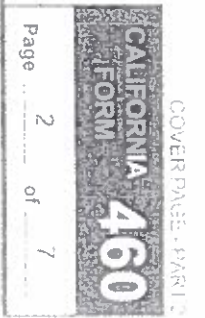


**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Kevin McFadden
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Imperial County Board of Supervisors, District 5
 RESIDENTIAL BUSINESS ADDRESS (NO AND STREET): 327 Fox Trail Drive, El Centro, Ca 922

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

COMMITTEE NAME	ID NUMBER	CONTROLLED COMMITTEE
		<input type="checkbox"/> YES <input type="checkbox"/> NO
N/A		

NAME OF TREASURER	STREET ADDRESS (NO PO BOX)	CITY	STATE	ZIP CODE	AREA CODE PHONE

NAME OF TREASURER	CONTROLLED COMMITTEE
	<input type="checkbox"/> YES <input type="checkbox"/> NO
N/A	

COMMITTEE ADDRESS	STREET ADDRESS (NO PO BOX)	CITY	STATE	ZIP CODE	AREA CODE PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE: n/a
 BALLOT NO OR LETTER: _____ JURISDICTION: _____
 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any
 NAME OF OFFICEHOLDER CANDIDATE OR PROPONENT: _____

OFFICE SOUGHT OR HELD: _____ DISTRICT NO. IF ANY: _____

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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



SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

Statement covers period
from 01/01/2014
through 03/17/2014

Page 3 of 7
ID NUMBER
1366160

Contributions Received

	Column A TOTAL CONTRIBUTIONS (FROM ALL SOURCES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A Line 2 \$ 1000	1000
2 Loans Received	Schedule B Line 3 0	0
3 SUBTOTAL CASH CONTRIBUTIONS	Amounts 1 + 2 \$ 1000	1000
4 Nonmonetary Contributions	Schedule C Line 3 0	0
6 TOTAL CONTRIBUTIONS RECEIVED	Amounts 3 + 4 \$ 0	0

Expenditures Made

6 Payments Made	Schedule E Line 4 \$ 1864.55	1864.55
7 Loans Made	Schedule F Line 5 0	0
8 SUBTOTAL CASH PAYMENTS	Amounts 6 + 7 \$ 1864.55	1864.55
9 Recycled Expenses (Unpaid Bills)	Schedule F Line 2 0	0
10 Nonmonetary Adjustment	Schedule C Line 3 0	0
11 TOTAL EXPENDITURES MADE	Amounts 8 + 9 + 10 \$ 1864.55	1864.55

Current Cash Statement

12 Beginning Cash Balance	Previous Summary Page Line 16 \$ 1000
13 Cash Receipts	Column A Line 3 Above 0
14 Miscellaneous Increases to Cash	Schedule C Line 4 0
15 Cash Payments	Column A Line 2 Above 1864.55
16 ENDING CASH BALANCE	Amounts 12 + 13 - 14 plus adjustment 15 \$ 864.55

LOAN GUARANTEES RECEIVED

17 Loan Guarantees Received Schedule A Line 2 \$ 0

Cash Equivalents and Outstanding Debts

18 Cash Equivalents See instructions on reverse \$ 0

19 Outstanding Debts Add Line 2 + Line 5 and Column B Above \$ 0

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

20 Contributions Received	\$ 1000	\$
21 Expenditures Made	\$ 1864.55	\$

Expenditure Limit Summary for State Candidates

22 Cumulative Expenditures Made* (of Subject to Voluntary Expenditure Limit)	\$	Total to Date
---	----	---------------

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

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

Schedule A Monetary Contributions Received

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



Statement covers period
from 01/01/2014
through 03/17/2014

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee To Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

I.D. NUMBER
1366160

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF GRANTEE ASCENDANT NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NONE OR BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PERIOD TO DATE (IF REQUIRED)
02/14/2014	Ametz, LLC 275 Walnut Avenue Holtville, CA 92250	IND COM OTH PTY SCC		\$1000	\$1000	\$1000
SUBTOTAL \$						

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(include all Schedule A subtotals.) \$ 1000
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1000**

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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 01/01/2014
through 03/17/2014



SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

Page 5 of 7
I.D. NUMBER

LINE NO.	CONTRIBUTOR CODE	IND	COM	OTH	PTY	SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, LIST TYPE OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
SUBTOTALS \$								\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

- Loans received this period: \$
(Total Column (b) plus unitemized loans of less than \$100)
- Loans paid or forgiven this period: \$
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period (Subtract Line 2 from Line 1): **NET \$** 0

Enter the net here and on the Summary Page, Column A, Line 2.

* Amounts forgiven or paid by another party also must be reported on Schedule A if required.

Contributor Codes:

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

**Schedule E
Payments Made**

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

Statement covers period
from 01/01/2014
through 03/17/2014

CALIFORNIA
FORM
460

SCHEDULE E

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

ID NUMBER
1366160

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

- | | | | |
|-----|--|-----|--|
| CMP | campaign print/mailing | RRD | radio, air and production costs |
| CNS | campaign consultants | RFD | returned contributions |
| CTB | contribution (excludes non-monetary) | SAL | campaign workers' salaries |
| CVC | civic donations | TEL | tv or cable airtime and production costs |
| FL | candidate fundraising fees | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | TRS | staff/spouse travel, lodging, and meals |
| JND | independent expenditure supporting/opposing others (explain) | TSE | transfer between committees of the same (or bidet/sponsor) |
| LEG | legal defense | VOT | voter registration |
| LI | campaign literature and mailings | WEB | information technology costs (internet e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
County of Imperial <i>Register of Voters</i> 440 W. Main St. El Centro, CA	VOT		Bought Voter File for Imperial County District 5.	\$181.32
Caliper Screen Printing 1101 S. Hope, El Centro, CA	CMP		Bought t-shirts and polos for the campaign.	\$197
SUBTOTAL \$				483

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1586
- Unitemized payments made this period of under \$100 \$ 278.55
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (c).) \$ 0
- Total payments made this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1864.55**

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

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

Statement covers period
from 01/01/2014
through 03/17/2014

Page 7 of 7
ID NUMBER
1365160

SEE INSTRUCTIONS ON REVERSE
NAME OF PAYER
Committee To Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

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

- | | | | | | |
|-----|--|-----|---|-----|---|
| CA1 | campaign paraphernalia/misc | KA4 | senior communications | RA4 | radio airtime and production costs |
| CAN | campaign consultants | HA6 | meetings and appearances | RE4 | returned contributions |
| CT5 | contribution (excludes nonmonetary) | DFC | office expenses | SAL | campaign workers' salaries |
| CVC | cost of contracts | RET | retention contracting | TEL | tv or cable airtime and production costs |
| FL | candidate filing/fund fees | TRC | travel expenses | TRC | candidate travel, lodging and meals |
| FR4 | fundraising events | POL | polling and survey research | TRS | staff/travel, lodging, and meals |
| IR4 | independent expenditure supporting/opposing others (candidate) | POS | posting, delivery, and messenger services | TSP | transfer between committees of the same candidate/sponsor |
| LET | legal services | PRO | professional services (legal accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PR1 | print ads | WEB | internet/technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYER
/ COMMITTEE ADDRESS TO PAYEE

CODE

DATE

DESCRIPTION OF PAYMENT

AMOUNT PAID

County of Imperial
940 W. Main St.
El Centro, CA

Fill

Paid the fee for the Candidate Statement for June 3, 2014

\$300

County of Imperial
940 W. Main St
El Centro, CA

Fill

Filing fee to supervisor #5, June 3, 2014.

\$523

All Sports International
317 Heffernan Ave. Calexico CA 92231

PRI

Bought banners for the campaign

\$280

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

SUBTOTAL \$ 1103

**Rec int Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 03/18/2014
through 05/17/2014

Date of election if applicable:
(Month, Day, Year)
June 3, 2014

Date Stamp
RECEIVED
MAY 22 2014
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA 460
2001/02
FORM
Page 1 of 8
For Official Use Only

COVER PAGE

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors
District 5, 2014.

I.D. NUMBER
1366160

Treasurer(s)

NAME OF TREASURER
Francisco Roman
MAILING ADDRESS
2203 S. 10 Street
CITY
EI Centro
STATE CA ZIP CODE 92243 AREA CODE/PHONE (760) 337-5660

STREET ADDRESS (NO P.O. BOX)
327 Fox Trail Drive
CITY EI Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 352-2119
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
SAME
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
mcfadden663@redirones.com

NAME OF ASSISTANT TREASURER, IF ANY
none
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
fjomesp@yahoo.com

4. Verification

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

Executed on 05/21/2014 Date
By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on 05/21/2014 Date
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Kevin McFadden
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Imperial County Board of Supervisors, District 5, 2014.
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 327 Fox Trail Drive, El Centro, CA 92243

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period from 03/18/2014 through 05/17/2014

CALIFORNIA FORM 460

Page 3 of 8

ID NUMBER 1366160

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5 2014

Contributions Received

	Column A TOTAL PERIOD PROBATIONAL DISBURSES	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 2103	3103
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 2103	3103
4. Nonmonetary Contributions	Schedule C, Line 3 \$450	\$450
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 2553	3553

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3,373.68	\$ 5,238.23
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 3,373.68	5,238.23
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$150	\$450
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 3,823.68	\$ 5,688.23
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	

Current Cash Statement

12. Beginning Cash Balance	Favorus Summary Page Line 10	\$ -864.55
13. Cash Receipts	Column A, Line 3 above	\$2103
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 5 above	\$ 3,373.68
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15	\$ -2,135.23

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 5 in Column B above	\$ 0

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

20. Contributions Received	\$ 3,103	\$
21. Expenditures Made	\$ 5,688.23	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yyyy)	Total to Date
/\$	/ /	\$
/\$	/ /	\$
/\$	/ /	\$
/\$	/ /	\$

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 03/18/2014
through 05/17/2014

Page 4 of 8

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

I.D. NUMBER
1366160

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
03/29/2014	Tim and Wendy Jane 9688 S Whitecliff Place Highlands Ranch, CO 80129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Geologist, Bostanza Creek Energy, Inc.	\$500	\$500	\$500
04/05/2014	Ausulan Miramontes 590 Sunflower Way Imperial, CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired law enforcement.	\$190	\$190	\$190
04/17/2014	Donald E. Brock PO Box 498 El Centro, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brock Farms Self-employed	\$250	\$250	\$250
04/19/2014	Catherine Drew 1995 Hamilton Avenue El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Central Union High School District, 351 Ross Avenue, El Centro, CA 92243 Teacher	\$100	\$100	\$100
04/17/2014	Maria Ambroz 1414 E Zapata Street Calexico, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Calexico Unified School District, 901 Andrade Avenue Calexico, CA 92231 Superintendent +	\$100	\$100	\$100
SUBTOTAL \$				1140		

Schedule A Summary

- Amount received this period -- contributions of \$100 or more.
(include all Schedule A subtotals.) \$ 1440
- Amount received this period -- unitemized contributions of less than \$100 \$ 663
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1.) **TOTAL \$ 2103**

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
from 03/18/2014
through 05/17/2014

Page 5 of 8

NAME OF FILER: Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

ID NUMBER: 1366160

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR IS AN INDIVIDUAL, DO NOT ENTER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME AND BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/29/2014	Karen S. Saikhon 1759 Lotus Lane El Centro CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Central Union High School District 351 Ross Avenue El Centro, CA 92243	\$300	\$300	\$300
SUBTOTALS				300		

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

Schedule C Nonmonetary Contributions Received

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



Statement covers period
from 03/18/2014
through 05/17/2014

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

ID NUMBER
1366160

DATE RECEIVED	FULL NAME, STREET ADDRESS, AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE (CAL ENDOR YEAR JAN 1 - DEC 31)	PER ELECTION TODAY (IF REQUIRED)
04/19/2014	Claire Machado 2962 Wensley Avenue El Centro, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Central Union High School District	Meet and Greet Your Candidate Political Event	\$450	\$450	\$450
				SUBTOTAL \$	450		

Attach additional information on appropriately labeled continuation sheets

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals) \$ 450
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 450**

Contribution 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
from 03/18/2014 through 05/17/2014

CALIFORNIA FORM 460

Page 7 of 8
ID NUMBER 1366160

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

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

CMP	campaign paraphernalia/misc	MBR	member communications	RAID	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	REF	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	over donations	PET	petition circulating	TEL	l.v. or cable airtime and production costs
FL	candidate financial fees	PHD	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POI	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRF	print ads	WFB	information technology costs (internet e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rocket Copy 100 S. 11th Street El Centro, CA 92243	CMP			\$259.20
All Sports International 317 Jefferson Avenue Calexico, CA 92231	CMP			\$280
Perrones Impresoras Calle G 1349-B y C Mexicali, Baja California, Mexico	LIT			\$700
SUBTOTAL \$				1239.20

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 3,028.16
2. Unitemized payments made this period of under \$100 \$ 345.52
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 3,373.68**

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

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

Statement covers period
from 03/18/2014
through 05/17/2014

CALIFORNIA FORM 460
Page 8 of 8

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Caliber 1101 S. Hope Street El Centro, CA 92243	CMP			\$167
Wireless PCS SD-Imperial Highway 700 700 N. Imperial Highway El Centro, CA 92243	PHO			\$261.96
Campaign Walkers: Committee to Elect Kevin McFadden Imperial County Board of Supervisors, District 5, 2014 327 Fox Trail Drive El Centro, CA 92243	LIT			\$950
Campaign Phone Banks: Committee to Elect Kevin McFadden Imperial County Board of Supervisors, District 5, 2014 327 Fox Trail Drive El Centro, CA 92243	PHO			\$410

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

SUBTOTAL \$ 1788.96

Recipiant Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	from	05/17/2014	through	06/30/2014
-------------------------	------	------------	---------	------------

Date of election if applicable: (Month, Day, Year)	06/03/2014
---	------------

Date Stamp
RECEIVED
JUN 30 2014
IMPERIAL COUNTY
REGISTRAR OF VOTERS

Page 1 of 4
For Official Use Only

CALLFORNIA 460
FORM

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

- Officeholder Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 9)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors,
District 5, 2014.

STREET ADDRESS (NO P.O. BOX)
327 Fox Trail Drive
CITY: El Centro STATE: CA ZIP CODE: 92243 AREA CODE/PHONE: (760)352-2119
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Saline
CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL FAX / E-MAIL ADDRESS
mcfadden631@roadrunner.com

Treasurer(s)

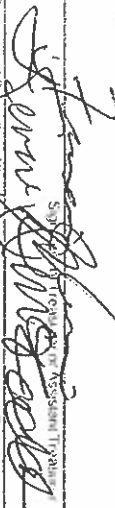
NAME OF TREASURER
Francisco Roman
MAILING ADDRESS
2203 S. 10 Street
CITY: El Centro STATE: CA ZIP CODE: 92243 AREA CODE/PHONE: (760)337-5660
NAME OF ASSISTANT TREASURER, IF ANY
none
MAILING ADDRESS

OPTIONAL FAX / E-MAIL ADDRESS
fromresp@yahoo.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement 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 06/30/2014
Date

By 
Signature of Treasurer/Candidate

By 
Signature of Candidate

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

Type print in Ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Kevin McFadden
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Imperial County Board of Supervisors, District 5, 2014.
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 327 Fox Trail Drive, El Centro, CA 92243

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from 05/18/2014
through 06/30/2014

Page 3 of 4

ID NUMBER
1366160

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 0	3103
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0	3103
4. Nonmonetary Contributions	Schedule C, Line 3 0	450
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	3553

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

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

20. Contributions Received \$ 3103 \$

21. Expenditures Made \$ 5,838.23 \$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 150	\$ 5,388.23
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 150	\$ 5,388.23
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	450
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 150	\$ 5,838.23

Expenditure Limit Summary for State
Candidates

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

Date of Election (mm/dd/yy) Total to Date

06 / 03 / 14 \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ -2,135.23	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 150	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B Part 2 0
18. Cash Equivalents	See instructions on reverse 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0

**Schedule E
Payments Made**

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

Statement covers period
from 05/18/2014
through 06/30/2014

Page 4 of 4

CALIFORNIA FORM 460

I.D. NUMBER
1366160

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

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

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

NAME AND ADDRESS OF PAYEE (# COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Walkers: Committee to Elect Kevin McFadden Imperial County Board of Supervisors, District 5, 2014 327 Fox Trail Drive El Centro, CA 92243	LIT			\$150

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

SUBTOTAL \$ 150

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 150

Recipient Committee
Campaign Statement
Cover Page

REGISTRATION CODE: 342904-01216-9

Type or print in ink

LOCAL

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

JUL 02 2014

Page 1 of 4
For Office Use Only

CALIFORNIA 460
FORM

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination Amendment (Explain below))
- Quarterly Statement
- Special Order
- Supplemental Pre-election Statement - Attach Form 454

JUL 07 2014

3. Committee Information

COMMITTEE NAME (OR CANDIDATE NAME IF NO COMMITTEE)
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors
District 5, 2014.

ID NUMBER
1366180

Treasurer(s)

NAME OF TREASURER
Francisco Roman
MAILING ADDRESS
2203 S 10 Street
CITY
El Centro
STATE
CA
ZIP CODE
92243
AREA CODE/PHONE
(760)337-5660

STREET ADDRESS (NO P.O. BOX)
327 Fox Trail Drive
CITY
El Centro
STATE
CA
ZIP CODE
92243
AREA CODE/PHONE
(760)352-2119
CAN YOU ADDRESS OR DIFFERENTIATE ANY STREET OR P.O. BOX
same
CITY
STATE
ZIP CODE
AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS
fjromesp@yahoo.com
CITY
STATE
ZIP CODE
AREA CODE/PHONE

4. Verification

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

Executed on
06/30/2014

Executed on
06/30/2014

Francisco Roman

Campaign Disclosure Statement

Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from 05/18/2014
through 06/30/2014

Page 3 of 4

INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

ID NUMBER
1366160

Contributions Received

	Column A TOTAL PER PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 0	3103
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0	3103
4. Nonmonetary Contributions	Schedule C, Line 3 0	450
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	3553

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

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

20. Contributions Received S 3103 \$

21. Expenditures Made S 5,838.23 \$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 150	\$ 5,388.23
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 150	5,388.23
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 0	450
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 150	5,838.23

Expenditure Limit Summary for State
Candidates

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

Date of Election (mm/dd/yy) Total to Date

06 / 03 / 14 \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page Line 16 \$ -2,135.23	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 9 above 150	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 S 0

Cash Equivalents and Outstanding Debts

17. Cash Equivalents	See instructions on reverse	S 0
18. Outstanding Debts	Add Line 5 + Line 9 in Column B above	S 0

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

Schedule E Payments Made

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

Statement covers period
from 05/18/2014
through 06/30/2014

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Kevin McFadden, Imperial County Board of Supervisors, District 5, 2014.

ID NUMBER
1366160

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing ballot fees
- FND fundraising events
- IND independent expenditure supporting/disproving others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MFR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRI print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF CONTRIBUTOR, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Walkers, Committee to Elect Kevin McFadden Imperial County Board of Supervisors, District 5, 2014 327 Fox Trail Drive El Centro CA 92243	LIT		\$150

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period or under \$100. \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 150**