- FPPC Form 460 (January/05)	ale Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
•	ale Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponen	Ву	Executed on
true and complete. I certify	herein and in the attached schedules is no light to the standard schedules is not standard schedules is no light to the standard schedules is not schedules in the standard schedules is not schedules.	correct. Signature of Controlling Officiencides, Candidate, State Measure Pro	ng this statement and to the best of my kno ha that the foregoing is true and correct. By Signature of Correct	A. Verification 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. A
AREA CODE/PHONE	STATE ZIP CODE (X 42244 ESS	MAILING ADDRESS PORSO X 1056 CITY CITY CONTRO OPTIONAL: FAX / E-MAIL ADDRESS		
AREA CODE/PHONE	STATE	CITY CEL CENTRO NAME OF ASSISTANT TREASURER NAME OF ASSISTANT TREASURER NAME OF ASSISTANT TREASURER	(2) VE 210 CODE AREA CODE/PHONE 92243 760-222-5649	STREET ADDRESS (NO PO. BOX) 163 JACKRABAT DRIVE CITY CITY CANTRO CR. 922
	TACKRADO, + DRIVE	Treasurer(s) NAME OF TREASURER LOUISA MAILING ADDRESS MAILING ADDRESS	1.D. NUMBER (327 497) (8/10) ST 5 2010	COMMITTEE NAME FOR CANDIDATE'S NAME IF NO COMMITTEEN COMMITTEE NAME FOR CANDIDATE'S NAME IF NO COMMITTEEN COMMITTEE NAME FOR TO GET RYMOND'S R TOU IMPORIAL CEURTY SUPERVISOR DIST
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	alion)	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 Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committee — Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee — Complete Part 5! General Purpose Committee — (Also Complete Part 6) Sponsored — Primarily Formed Candida Officeholder Committee — (Also Complete Part 7) Political Party/Central Committee — (Also Complete Part 7)
	RECEIVED BY:	11-02-2010	through 06/30/2011	SEE INSTRUCTIONS ON REVERSE
ofof	JUL 21 2011 Page	Date of election if applicable: (Month, Day, Year)	Statement covers period from 0/0/20/	(Government Code Sections 84200-84216.5)
IFORNIA ORM	REGISTRAR OF VOTERS	nk.	Type or print in ink.	Campaign Statement Cover Page

Recipient Committee Campaign Statement Cover Page — Part 2

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			Page	9
- 1	Primarily Formed Ballot	Ballot Measure Committee	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE			
TION AND DISTRICT NUMBER	BALLOT NO. OR LETTER	JURISDICTION	00	SUPPORT OPPOSE
LINDGEIAL COUNTY SUME ZIP RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 163 TACKRABSH ELENTO (A 922+3	Identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, cand	Idate, or state measure pr	roponent, If any.
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.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME			O The Committee of the	2
NAME OF TREASURER CONTROLLED COMMITTEE? PES NO	7. Primarily Formed Candidate(s) for which this committee is primarily formed officeholder(s) or candidate(s) for which this committee is primarily formed name of Officeholder or Candidate Office Sought or Held	i Candidate/Onice idate(s) for which this ER OR CANDIDATE	OFFICE SOUGHT OR HELD	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	ER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEENAME I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE	OFFICE SOUGHT OR HELD	□ SUPPORT □ OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE AREA CODE/PHONE	Atta	ch continuatio	Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page Type or print in ink.
Amounts may be rounded to whole dollars. from 01/01/2011 Statement covers period 06/30/201/ Page CALIFORNIA FORM SUMMARY PAGE
RNIA 460 o.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)			18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above
ā	carry over the amounts from Lines 2, 7, and 9 (if any).		17. LOAN GUARANTEES RECEIVED Schoole B. Part 2 Cash Equivalents and Outstanding Debts
	Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	80	15. Cash Payments
*Amounts in this section may be different from amounts reported in Column B.	To catculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	620,00°	12. Beginning Cash Balance
\$			Orac Ottomont
\$	\$ 390.00	390,00	10. Nonmonetary AdjustmentSchedule C. Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10
Date of Election Total to Date (mm/dd/yy)			Bills)
22. Cumulative Expenditures Made* (H Subject to Voluntary Expenditure Umil)	\$ 390.00	390.06	
Expenditure Limit Summary for State Candidates	39000	\$ 390.00	×I
21. Expenditures \$ \$	\$ 620.00	620.00	
20. Contributions Received \$	620.00	620.00	2. Loans Received Schedule B. Line 3 3. SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	620.00	620.00	1. Monetary Contributions Schedule A. Line 3
Running in Both the State Primary and	Column B CALENDA YEAR YORATODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1327497			NAME OF FILER
I.D. NUMBER	through Co		יייייייייייייייייייייייייייייייייייייי

Mone Schedule A

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SCHEDULE A

Monetary Contributions Received SEF INSTRUCTIONS ON REVERSE	Amounts to v	to whole dollars.	through 06/36/2011		FORM 460
NAME OF FILER				1.D.	132749)
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	PER ELECTION TODATE (IF REQUIRED)
114/11 FOLITION ACTOR COMMITTEE	OSCC OSCC		250,00	250.00	
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(Include all Schedule A subtotals.)	. Amount received this period – itemized monetary contributions.

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

3. Total monetary contributions received this period.

*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

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

Schedule E Payments Made

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

through 06/30/2011 from 01/01/2011 Statement covers period Page I.D. NUMBER M

SEE INSTRUCTIONS ON REVERSE MAYMOND the navment you may enter the code. Otherwise, describe the payment 327497

CAB campaign paraphemalia/misc. CAB 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 filerature and mailings MBR member communications MTG meetings and appearances OFC office expenses OFC office expenses PET petition circulating PHO phone banks POL polling and survey research postage, delivery and messenger services PRO professional services (tegal, accounting) PRT print ads	nunications appearances string researces and make rery and		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)	s me candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER (D. NUMBER)	CODE	OR DESCRIF	RIPTION OF PAYMENT	AMOUNT PAID
Committee To Elect Reymond R. CRST/10 Fer Imperial County Supervise Dist & 2010	MTG	Committee	Checking Acet Check#130 \$ 210.00	\$ 210.00
ئ	CYC	amnites ch	CYC Committee Checking Acet Check + 131 \$ 100.00	\$ 100.00
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	ırized on	schedule D.	SUBTOTALS	*

Schedule E Summary

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

Campaign Statement Recipient Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. (Government Code Sections 84200-84216.5) Cover Page SEE INSTRUCTIONS ON REVERSE Verification Committee Information Officeholder, Candidate Controlled Committee COMPUTE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) under penally of perjury under the laws of the State of California that the foregoing is true and correct I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO P.O. BOX) Emperial County Suporevisas Dist General Purpose Committee State Candidate Election Committee (Also Complete Part 5) Political Party/Central Committee Small Contributor Committee Sponsored Executed on 400 Executed on Executed on. DENTRO VACKRABAit 1056 ١ Date Date > STATE STATE Q ZIP CODE I.D. NUMBER Primarily Formed Candidate/ Primarily Formed Ballot Measure Committee Officeholder Committee Sponsored Controlled through ! from Statement covers period 760-222-504 60-222-5049 07-01-201 12-31-2011 AREA CODE/PHONE AREA CODE/PHONE **ふっ**もっか В B 9 Type or print in ink. 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 Date of election if applicable: (Month, Day, Year) Ņ PROMOTE FAX / E-MAIL ADDRESS NAME OF TREASURER MAILING ADDRESS NAME OF ASSISTANT Treasurer(s) 1-12-2010 Type of Statement: \square Preelection Statement Amendment (Explain below) Semi-annual Statemen (Also file a Form 410 Termination) Termination Statement タン人へのか ADDRESS ام الحرار الحرار が対め REASURER IF ANY 10.56 本 つるがく 本 7 (0) 5 Date Stamp FILED REGISTRAR OF V FEB 0 1 2012 RECEIVED BY: | STATE Mrs Com 92244 14 CCC ZIP CODE Quarterly Statement Statement - Attach Form 495 Supplemental Preelection Special Odd-Year Report Page ___ **CALIFORNIA** For Official Use Only 55-03 AREA CODE/PHONE AREA CODE/PHONE 7 20 ٧ COVER PAGE

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

Type or print in ink.

Page 2 of 4	CALIFORNIA 460	COVER PAGE - PART 2
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Campaign Disclosure Statement Summary Page

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

SUMMARYPAGE CALIFORNIA 460

FPPC Form 450 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Toll-Free Helpli		n Babove \$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		from Lines 2, 7, and 9 (if any).	n reverse \$	Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instructions on reverse
y.		for this calendar year, only carry over the amounts	B, Part 2 \$	17. LOAN GUARANTEES RECEIVED Schedule B.
		figures that should be subtracted from previous period amounts. If this is	at Line 15 \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	16. ENDING CASH BALANCE
*Amounts in this section may be different from amounts reported in Column B.	*Amounts in this section reported in Column B.	from Column B of your last report. Some amounts in Column A may be negative	Schedule I, Line 4 Mn A, Line 8 above COVO	Miscellaneous Increases to Cash
		To calculate Column B, add amounts in Column A to the	e, Line 16 \$ <u>S/(), / h</u>	12. Beginning Cash Balance Previous Summary Page, Line 16
\$				Current Cash Statement
49		4	3+9+10 \$ 60.00	11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10
Total to Date	Date of Election (mm/dd/yy)			10. Nonmonetary AdjustmentSchedule C, Line 3
Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulati		Add Lines 6+7 \$ 60.00	SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	Expenditure Limit Candidates	(n	E. Line 4 \$ 60.00	Expenditures Made 3. Payments Made Schedule E, Line 4
\$	21. Expenditures Made \$	\$	nes 3+4 \$	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4
€ 9		8	Add Lines 1+2 \$	TIONS
1/1 through 6/30 7/1 to Date	1/1		A. Line 3 \$ B. Line 3	Loans Received
Running in Both the State Primary and General Elections	Running in Both th General Elections	CALENDAR YEAR TOTAL TO DATE		ived
1.5. NUMBER			Column	TRYMOND'S CASTIL
Page 3 of 4	12-31-2011	through 12-3		EE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period $O(1-2)/2$	froi	to whole dollars.	Summary Page

Payments Made Schedule E

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

Statement covers period from $\frac{(27-01-20)}{(201-201)}$	CALIFORNIA FORM	460
through (2-3)-20)/	Page 4 of L	4
	I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE Alman thro

Compatter 10 cm * Payments that are contributions or independent expenditures must also be summarized on Schedule D. PAR CAR CAR CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, 63 campaign literature and mailings civic donations independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* legal defense fundraising events candidate filing/ballot fees campaign consultants TEKEN YOU NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) COST TOXYMOND TY EL GNTRO Ox 922年 CASTIllo OF C MTG NBR වී 圣型 office expenses meelings and appearances professional services (legal, accounting) petition circulating member communications print ads postage, delivery and messenger services polling and survey research phone banks PRO CODE 9 SANT TOOS DESCRIPTION OF PAYMENT WEB TSF 沟교 SA ₽ information technology costs (internet, e-mail) transfer between committees of the same candidate/sponso staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs voter registration campaign workers' salaries returned contributions t.v. or cable airtime and production costs 60.00 AMOUNT PAID

Itemiz Uniten Total ir	
1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 60.0000	hodilo II o

SUBTOTAL \$ 60.

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State of California

Cover Page — Part 2	Sampaign Statement	Recipient Committee
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CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME	CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	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.	636 E. 3Rd Street Holtville CA 92250	RESIDENTIAL BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF OFFICEHOLDER OR CANDIDATE		Cover Page — Partz
Attach continuation sheets if necessary		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee	Page
		SUPPORT OPPOSE	□ SUPPORT □ OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	ist names of ned.		IF ANY		proponent, If any.	SUPPORT OPPOSE			of

SUMMARY PAGE

Campaign Disclosure Statement Summary Page

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

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13-31-2013	Statement covers period
FORM	CALIFORNIA

through 12-1-2010 Page I.D. NUMBER らな J Ŵ

Contributions Received SEE INSTRUCTIONS ON REVERSE က N NAME OF FILER 00 ģ Expenditures Made Ş 4 ထ .~ 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 10. Nonmonetary Adjustment **Current Cash Statement** 14. Miscellaneous Increases to Cash..... 13. Cash Receipts 12. Beginning Cash Balance 18. Cash Equivalents Cash Equivalents and Outstanding Debts 16. ENDING CASH BALANCE And Lines 12 + 13 + 14, then subtract Line 15 15. Cash Payments..... 17. LOAN GUARANTEES RECEIVED 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above Monetary Contributions Loans Made..... SUBTOTAL CASH CONTRIBUTIONS Loans Received SUBTOTAL CASH PAYMENTS Add Lines 6+7 Payments Made..... TOTAL CONTRIBUTIONS RECEIVED Nonmonetary Contributions Accrued Expenses (Unpaid Bills) If this is a termination statement, Line 16 must be zero ハインとくとつ Schedule C, Line 3 Add Lines 3 + 4 Previous Summery Page, Line 16 Schedule F. Line 3 See instructions on reverse Column A, Line 3 above Column A. Line 8 above Schedule A, Line 3 Schedule E. Line 4 Schedule C. Line 3 Schedule B, Une 3 Schedule H. Line 3 Schedule B. Part 2 Schedule I, Line 4 Add Lines 1 + 2 S 4 4 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 23195 \mathcal{V} 1319 Column A 2)9,00 100 EBL W 783.60 17. Co Š 00 3.60 00 00 C C corresponding amounts amounts in Column A to the To caiculate Column B. add report. Some amounts in from Column B of your last figures that should be the first report being filed period amounts. If this is subtracted from previous Column A may be negative from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only 0 Ð 0 CALENDAR YEAR 7909.00 Column B \sim F 10400 408.00 S 5) (5 39,60 000 ,00 Running in Both the State Primary and Calendar Year Summary for Candidates **Expenditure Limit Summary for State** General Elections Candidates 21. Expenditures 20. Contributions reported in Column B. *Amounts in this section may be different from amounts FPPC Form 460 (January)05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Received Date of Election (mm/dd/yy) 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 Total to Date 7/1 to Date

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1.D. NUMBER 1327497		
Page of	through 12-31-10	
FORM	from 10-01-10	
CALIFORNIA A SO	Statement covers period	ā
SCHEDULE A		

			8/17/18	41-62-1		10/20/11	DATE F RECEIVED	
A Company			JUAN VARGAS FOR SENATE 2016 S429 MAdisson NIVE.	SAN Diego Imperial Contes 4305 Union Ave. Ste 340 SAN Diego (A. 92105	Palm DESSERT CALIF 92211	10/20/11 LA/CESIDE ACCEPTANG CORP STEVE HYMAN	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	LYAY MOND IN DAY IN
		OSCC PT TO ON O	DSCC DSCC	DD DO D	SCC THE MODE		CONTRIBUTOR CODE *	
	SUBTOTAL\$					Lakeride hocephone Corp & Corplayed	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
	2,000		1,000	500.00		5%	AMOUNT RECEIVED THIS PERIOD	
*Contributor Codes			7000	500.00		500° 41	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
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Schedule A Summary

- Amount received this period itemized monetary contributions.

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

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

W, Oco. DO

PTY - Political Party
SCC - Small Contributor Committee

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Schedule B – Part 1	Ty Amou	Type or print in ink. Amounts may be rounded to whole dollars.	ik. Inded	<u>.</u>	Statement covers period from 10-01-211	rers period	CALIFORNIA 460	460
				=	through 12-3	1-2110	Page	of
NAME OF FILER	CASTINO						13274	497
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	S S	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS	(*) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TODATE
LAVINONO R. CASTILLS	SELF Employed	7 62		GIV4	-	*		CALENDAR YEAR
x 92244	RCAL CSTATE	,/439.0	4	MFORGIVEN	C	RATE	/435	PERELECTION**
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TO IND COM COM PTY SCC		Ĩ			DATE DUE		DATE INCURRED	5
		SUBTOTALS \$	\$		*	\$	9 ,0	\$ 100 mm
Schedule B Summary		: <u>-</u>	i))	·	Ф	(Enter (e) on Schedulie E, Line 3)		
	of less than \$100.)			1	1439,00	요물 리	†Contributor Codes IND – Individual COM – Recipient Committee	nmittee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	paid or forgiven.) are also itemized on Sche	dule A.)			Þ	o g so	(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee	business entity) utor Committee
3. Net change this period. (Subtract Line 2 from Line 1.)	Page, Column A, Line 2.				(May be a negative number)	{		;

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

Schedule E Payments Made

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

from 10-01-2010 Statement covers period

CALIFORNIA FORS

SCHEDULE

Page __ I.D. NUMBER 잌

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through 12-31-2010

NAME OF FILER SEE INSTRUCTIONS ON REVERSE AUMONO

a 28 € CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphemalia/misc. contribution (explain nonmonetary)* campaign consultants member communications meetings and appearances returned contributions radio airlime and production costs

independent expenditure supporting/opposing others (explain)* 338823B38 office expenses phone banks petition circulating

5៥255

campaign literature and mailings

legal defense

8

civic donations

candidate filing/ballot fees

fundraising events

professional services (legal, accounting) postage, delivery and messenger services polling and survey research

print ads

WEB

information technology costs (internet, e-mail)

ब्रह्म इन्हर्म इन्हर्म इन्हर्म candidate travel, lodging, and meals campaign workers' salaries t.v. or cable airtime and production costs

voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals

796	chedule D. SUBTOTAL\$ 796	arized on So	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
220.00	FMD Committee Checking acc. Check#121 2200	FND	Committee 10 Elect Nay mond R. CASTILLE COMMITTEE 3Ad STREET HOLLING Dist S 2010
4.8% 00	PRT Committee Checking his check's 120 48600	PRT	
90.00	Committee Checking too. Check#119 90.00	37)	Committee To ELECT RAYMOND R. CASTILLO FOR Impossing County Supervisor Dist & 2010 636 E. J. 2015 HET VILLE CILL 92250
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

- 2. Unitermized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

TOTAL \$

2783,45

2783.00

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

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

from 1/2-61-2010

CALIFORNIA 460

through 12-3)-2010 1.D. NUMBER 1327497 Page ___ 으

CODES: If one of the following codes accurately describes the payment, you may ent campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* POS postage, delivery and mes professional services (fegal defense professional services (fegal print ads professional services (fegal print ads)	rayment, 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	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 polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads RFD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries candidate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	n costs duction costs and meals , and meals es of the same candida ts (internet, e-mail)	e candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
CONNETTEE TO ELECT RAYMOND R. CASTILO FOR INVACENT COUNTY SUPERVISOR DIST S 2010 LEL F. BRD ST HOLTWITE CA 92250	RAD (committee checking Acit check# 122	R# 122	\$0.54
	CVC) in chec	大学 173	· Check#123 \$150.00
	717	1. In Check	(4-124	1. Check-4-124 & 48.31)
	PRT	11 deck	24125	11 dock + 125 / 750.00
Lessal and		Committee Checking back Check # 12 \$100	水土双	\$100
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule D.	S	SUBTOTAL \$	(551
* Payments that are contributions or independent expenditures must also be summarized on	octionale p.			

Payments Made Schedule E (Continuation Sheet)

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

Statement covers period SCHEDULE E (CON

CALIFORNIA 460

from 10-01-2010

Page <u>Q</u>

			63-6 E. 3RN ST. HOLTVING CA. 92250
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			636 E. 3Rd St. 1704111/6 CR 92250
\$ 252, to	Committee Checking that Chocket 128 \$ 252,00	FND	Committee To Elect Raymond R. CASTILLO F
			174 E 3,88 ST HOHVILG G 92256
35.30/ \$	Committee Checking Act Checketay \$ 100.00	Ã2	Committee To Elect Taymond Ki Cistills
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	Acasure Proponent	and in the attached schedules is	2	20	CORNA	ation)		
-	•	true and complete. I certify	AREA CODE/PHONE	160-353-8934		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	For Official Use Only	CALIFORNIA 460

Page 2 of 4	CALIFORNIA 460	COVER PAGE - PART 2
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		Page of 7
5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee	ittee
Maymond R. Castilo	NAME OF BALLOT MEASURE	
TMPS()) (COUNTY SUPER IT SUR DIST S	PLICABLE) BALLOTNO, OR LETTER JURISDICTION	□ SUPPORT
565 E. 3Rd STREET) CITY	STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE OF PROPONENT	or state measure proponent, if any.
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.		DISTRICT NO. IF ANY
COMMITTEE NAME		
NAME OF TREASURER CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	r Committee List names of tee is primarily formed.
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CITY STATE ZIP CODE A	AREA CODE/PHONE Attach continuation sheets if necessary	s if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARYPAGE

Statement covers period

Summary Page to whole dollars.	170	Statement covers period m 09-01-2012	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	through (2	12-31-2012	Page 3 of 4
NAME OF FILER			1.D. NUMBER 1227497
Contributions Received TOTAL THIS PERIOD (FROMATIACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	General Elections	1S 1/1 through 6/30 7/1 to Date
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xpenditures Made Payments Made	\$ /44	Expenditure Limit S Candidates	Limit Summary for State
	\$ 144	22. Cumulativ	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
10. Nonmonetary AdjustmentSchedule C, Line 3		Date of Election (mm/dd/yy)	Total to Date
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Current Cash Statement 12. Beginning Cash Balance	To calculate Column B, add amounts in Column A to the corresponding amounts		₩
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	from Column B of your last report. Some amounts in Column A may be negative	reported in Column B.	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$	figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	-	FPPC Toll-Free Helplin	FPPC Form 460 (Januaryi05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

NAME OF FILER
RYMOND R. CASTILLO

SEE INSTRUCTIONS ON REVERSE

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

through 12-31-2012 from 09-01-2012 Statement covers period

CALIFORNIA FORM

1327497 Page 4 of 4 I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment OMP campaign paraphernalia/misc. MBR member communications	ayment, you may enter the coo	de. Otherwise, describe the payment.	
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Committee To ECECT Raymonid R. CASTILLE Imperial Gunty Superviser Dists. 665 6. 3201 St. 1toctville CA. 92250 FA# 1329497	PRO Union	Union BANK FEE's	72.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	narized on Schedule D		SUBTOTAL\$ $\eta_{2,oo}$
Schedule E Summary			,
Itemized payments made this period. (Include all Schedule E subtotals.) Unitemized payments made this period of under \$100\$		G. C.	\$ 12.60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	t 1, Column (e).)		1
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	the Summary Page, (Column A, Line 6.) T	OTAL \$ 72,00

Executed on	4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on フノスツイス いしる Executed on フースターみ いる	CITY 1056 CITY 11/6 CHY 11/6 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY 1056 CITY 1056 STATE ZIP CODE CITY 1056 STATE ZIP CODE CITY 1056 CITY 1056	F SUDGRVISUR	1. Type of Recipient Committee: All Committees - Co	(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	RecipieCommittee Campaign Statement Cover Page
BySignature of Controlling Officeholder, Candidate, State Measure Proponent BySignature of Controlling Officeholder, Candidate, State Measure Proponent	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 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 have used 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 have used 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 have used 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 have used 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 have used 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 have used 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 have used 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 have used in preparing and review and complete. I have used in preparing and review and complete in preparing and review and complete in preparing and review and complete in preparing and compl	AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL	CRS7:1/6	Complete Parts 1, 2, 3, and 4. Ballot Measure Committee O Primarily Formed Controlled O Sponsored (Asso Complete Part 5) Primarily Formed Candidate/ Officeholder Committee (Asso Complete Part 7) 2. Type of Statement: Preselection Statement Termination Statement O Amendment (Explain below) Amendment (Explain below)	Statement covers period Date of election if applicable: from $\frac{C}{C} = \frac{C}{C} = C$	Type or print in ink.
nolder, Candidale, State Measure Proponent FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California	alion contained herein and in the attached schedules is true and complete. I	ASURER, IF ANY ASURER, IF ANY CAST, 1/1/1 STATE ZIP CODE AREA CODE/PHONE ADDRESS ADDRESS	CARINA	below)	JUL 3 1 2012 Page / of 4 For Official Use Only	Date Stamp CALIFORNIA 460 FILED 2001/02

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СІТҮ	COMMITTEE ADDRESS		COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this statem contributions or make exp	00 - (;	RESIDENTIAL/BUSINESS ADD	OFFICE SOUGHT OR HELD (NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Cand
STATE ZIP	STREET ADDRESS (NO P.O. BOX)		STATE ZIP	STREET ADDRESS (NO PO BOX)			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.	/ F/ F/M/Y 1/0	RESIDENTIAL/BUSINESS ADDRESS (NG. AND STREET) CITY STATE ZIP	TANJOSENAL COUNT SUBSTRICT NUMBER IF APPLICABLES	R CANDIDATE (ASTI)	Officeholder or Candidate Controlled Committee
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Attac	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Committee Li which this committee is primarily formed		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling offic	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	Ballot Measure Committee			
h continua	ANDIDATE	ANDIDATE	ANDIDATE	ANDIDATE	nittee Li			DATE, OR F	eholder, c	JURISDICTION		tee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	PROPONENT	ldentify the controlling officeholder, candidate, or state measure proponent, if any.						
	SUPPORT	☐ SUPPORT ☐ OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	andidate(s) for		FANY	:	roponent, if any.	SUPPORT		

Campaign Disclosure Statement Summary Page

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

from 01-01-2012 Statement covers period

SUMMARY PAGE

CALIFORNIA 460

Current Cash Statement 12. Beginning Cash Balance	Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Schedule C, Line 3 12. CO Schedule C, Line 3 13. TOTAL EXPENDITURES MADE Add Lines 8+9+10 Schedule C, Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	NAME OF FILER NAME OF FILER RAMPOIDE R. CASTIDO
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).	ф ф ф	COLUMN B CALENDAR YEAR TOTAL TO DATE \$	through
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) 5	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$ \$	through 06-31-2012 Page 3 of 4 1.D. NUMBER 1.3.2.7497

Payments Made Schedule E

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

through 06-31-2012 from 0/-01-2012 Statement covers period Page __ CALIFORNIA I.D. NUMBER W

SEE INSTRUCTIONS ON REVERSE NAME OF FILER AVINONO

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

= E = 3 contribution (explain nonmonetary)* campaign consultants campaign paraphernalia/misc. civic donations campaign literature and mailings legai defense independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events OFC MER 몽 PAR PAR PAR 쯰 office expenses meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services phone banks petition circulating print ads polling and survey research ਕੂ ਸ਼ੂ ਸ਼ 광 R 펄 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 t.v. or cable airlime and production costs campaign workers' salaries returned contributions radio airtime and production costs

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	CONNINTED TO ELECT RAYMOND R. CASTILLO FININGRIAL GUNTY SUJOR WISOR DIST S 665 E. 3120 STREET HOLTWILL CA 92250		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ırized on	CVC	PRO	CODE
	Hidalgo Club Donateu	PRO BANK FCG'S	OR DESCRIPTION OF PAYMENT
SUBTOTAL\$ / 72.00	100.00	72.00	AMOUNT PAID

Schedule E Summary

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

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

172,00

100,00 12:00

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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Page _ Use Only 2 COVER PAGE

through OX	Statement covers period from 0/-0/-20/4	
02-17-2014	Statement covers period n 01-01-2014	
06-03-2014	Date of election if applicable: (Month, Day, Year)	
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	MAY 1 2 2014	RECEIVED	Date Stamp
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_	CALIFORNIA FORM
7	460

6-03-2014	(Month, Day, Year)
REGISTRAR OF VOTERS	MAY 1 2 2014
	For Officia

Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	tees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	
√ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☐ Preelection Statement	Quarterly Statement
State Candidate Election Committee	Committee	Semi-annual Statement	Special Odd-Year Report
○ Recall	O Contro led	Termination Statement	Supplemental Preelection
(Also Complete Part 5)	Sponsored	(Also file a Form 410 Termination)	Statement - Attach Form 495
General Purpose Committee	(Also Complete Part 6)	Amendment (Explain below)	
○ Sponsored	☐ Primarily Formed Candidate/		
 Small Contributor Committee Political Party/Central Committee 	Officeholder Committee (Also Complete Part 7)		
Committee Information	I.D. NUMBER 70 407	Treasurer(s)	

OPTIONAL: FAX / E-MAIL ADDRESS	EC CENTRS CR	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	Holtville Ca	STREET ADDRESS (NO P.O. BOX) 678 OCI VE AVE	Imposible Gowty Systemist Dist 5	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Committee Information
	STATE ZIP CODE AREA CODE/PHONE (3 97244 160-222-5649	OR P.O. BOX	TE ZIP CODE AREA CODE/PHONE 92250		say Dist 5	mond R. CASTING	1.D. NUMBER /327 497
OPTIONAL: FAX / E-MAIL ADDRESS	CITY CONTRO CA 92244	PORCX 1056	MAME OF ASSISTANT TREASUREBLIF ANY, MAY MUNICAL STILLS	EC CENTRO CR 92243	1335 RIVER VIEW	LOUISH SALCHINA	Treasurer(s)
	AREA CODE/PHONE			AREA CODE/PHONE			

Verification

under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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

Executed onDale	Executed on	Executed on $\frac{\sqrt{5}/9/j\psi}{\sqrt{5}}$
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, Stata Measure Proponent	By Signature of Treasurer or Assistant Treasurer By Signature of Controlling Office holder Candidate, State Measure Proponent or Responsible Officer of Spon

Campaign Disclosure Statement

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE
CALIFORNIA A.S.O.

FPPC Toll-Free Helpline; 866/ASK-FPPC (866/275-3772)	FPPC Toll-Free H		4	ols Add Line 2 + Line 9 in Column B above	19. Outstanding Debts
		from Lines 2, 7, and 9 (if any).	\$ 6-	Cash Equivalents and Outstanding Debts 18. Cash Equivalents	Cash Equivalent 18. Cash Equivalents
		for this calendar year, only carry over the amounts	\$	EES RECEIVED Schedule 8, Part 2	17. LOAN GUARANTEES RECEIVED
		subtracted from previous period amounts. If this is		CANCE Add Lines 12 + 13 + 14, men subract Line 15 on statement, Line 16 must be zero.	If this is a termination statement, Line
8.	reported in Column B.	from Column B of your last report. Some amounts in Column A may be negative fourses that should be	, 4/9,22	to Ca	14. Miscellaneous increases 15. Cash Payments
*Amounts in this section may be different from amounts	*Amounts in this sec	To calculate Column B, add amounts in Column A to the corresponding amounts		Balance	13. Cash Receipts
₩			£1.1 c C	ent	Current Cash S
G		\$ 2001. 94	\$ 2001.94	URES MADE Add Lines 8 + 9 + 10	11. TOTAL EXPENDITURES MADE
on Total to Date	Date of Election (mm/dd/yy)			s (Unpaid Bills)Schedule F, Line 3 ustmentSchedule G, Line 3	 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumi	\$ 2001.94	\$ 2001.94	PAYMENTS Add Lines 6 + 7	7. Loans Made8. SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	Expenditure Li Candidates	\$ 2001.94	\$ 2001.94	Made Schedule E. Line 4	xpenditures Payments Mad
o o	21. Expenditures Made	\$ 2,250	\$ 2,250	Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED	4. Nonmonetary Contributions. 5. TOTAL CONTRIBUTIONS RE
\$	20. Contributions Received	<i>s</i>		SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	3. SUBTOTAL CASH
1/1 through 6/30 7/1 to Date		\$ 4,4/0	\$ 2200	utions Schedule A, Line 3	
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Sul Running in Both t General Elections	Column B CALENDAR YEAR TOTALTODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Contributions Received
1327497	sp Dists	p G Sup	Castille Im	5 To Elect Raymond R.	NAME OF FILER
Page 2 of 5	through 03-17-2014	through		חלממלים	
CALIFORNIA 460	Statement covers period m 01-61-2014	fro	Amounts may be rounded to whole dollars.		Summary Page

Recipient Committee Campaign Statement Cover Page — Part 2

Cover Page — Part 2		Page 3 of 6
5. Officeholder or Candidate Controlled Committee	6. Primarily Formed Ballot Measure Committee	Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION	ON SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ndidate, or state measure proponent,
6/8 OCINE UNC 1/2001 AILE CO 1250	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ROPONENT
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.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
COMMITTEE NAME L.D. NUMBER		
NAME OF TREASURER CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which this committee is primarily for	candidate(s) for which this committee is primarily formed.
	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
CITY STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE NAME	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
CITY STATE ZIP CODE AREA CODE/PHONE	Attach continuati	Attach continuation sheets if necessary

Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

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

	through 03-17-204	Statement covers period from $Of-0/-20/4$	
I.D. NUMBER	Page 4 of 5	CALIFORNIA 460	SCHEDULE A

			2-10-14	1-31-14	1-10-14	DATE RECEIVED	Conn
			1904 METS RA HOCTVILLE CA 92250	ARMAN GALASTRIA 9034 W. SUNSATRIA WEST HULLMAND CA 90069	MR: JARS JAWES (: 150 SAWTA RWITH AYE AREADIA CA. 51006	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	Commilled 10 CLEST, ICAMOND V. CASITA
	DSCC SCC	DOTH SCC	SCC TY H M SCC	SCC PTY THE	SCC ON D	CONTRIBUTOR CODE *	11/580 5
SUBTOTAL			Hothilk acit	GRAND PUZA OCHERA GRENZO GA	IMPERIAL CENTER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	P Test Novince on diast
TOTAL\$ 2,250	*		250,"	1,500.	500,00	AMOUNT RECEIVED THIS PERIOD	OK 121 /
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
						PER ELECTION TO DATE (IF REQUIRED)	

Schedule A Summary

*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

Payments Made Schedule E

Type or print in ink.

Amounts may be rounded to whole dollars.

through 03-17-2014 from 01-01-2014 Statement covers period Page _ CALIFORNIA I.D. NUMBER N ء اص

SEE INSTRUCTIONS ON REVERSE Committee to ECOST RAYMOND R. CASTOLL Imp Co. SUPRISM Dist. 1327499

크띮물 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CHO S. CESAR ChAVEZ BRANGE GA 92227 CYC Rockst Copy 100 Sect 11 As St Payments that are contributions or independent expenditures must also be summarized on Schedule D. 1190 M Imported Source to the AC HIMA(90 SOCIETY campaign paraphernalia/misc. civic donations candidate filing/ballot fees contribution (explain nonmonetary)* fundraising events campaign consultants independent expenditure supporting/opposing others (explain)* campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) EC (w/ko CA 92243 EC CENTRO CA 92243 黑哥 OF OF MBR member communications meetings and appearances office expenses postage, delivery and messenger services polling and survey research phone banks petition circulating professional services (legal, accounting) つえか アンロ CODE S 0 x 6cx # 100 Check F168 DESCRIPTION OF PAYMENT SP RA P B RA WEB YOU 荔콩 radio airtime and production costs returned contributions information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs campaign workers' salaries staff/spouse travel, lodging, and meals candidate travel, lodging, and meals SUBTOTAL\$ 2001. 94 100.00 97.20 AMOUNT PAID

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 200/.94
- 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).).....\$

Payments Made Schedule E (Continuation Sheet)

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

from 01-01-2014

Statement covers period

through 03-17-2014

Page 6

g 0

CALIFORNIA 460 SCHEDULE E (CONT.

8 3 2 8 8 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE SUS WAIR ECCENTED OF 927+3 Imp count elections DEAT 940 W. MAIN ECCENTO CA 92243 420 W MAIN EC CENTRO CO 92243 MARTHA E. HERMANDER 615 W. Milin El Contro (a 92247 940 W. MAIN ECCENTRO CA 92243 Orion Rox Imp County 5 (Soctions Opt TXO RASO campaign paraphernalia/misc civic donations contribution (explain nonmonetary)* campaign literature and mailings legal defense independent expenditure supporting/apposing others (explain)* campaign consultants candidate filing/ballot fees fundraising events COMMITTED To NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) E(BET Krymond R. Castillo MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks meetings and appearances office expenses professional services (legal, accounting) polling and survey research SA(RAD TIC 3 CODE Chak# 124 Cher# 195 Chock # 173 Chak # 172 Suppayisad Dists **DESCRIPTION OF PAYMENT** RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries MES 전략 t.v. or cable airlime and production costs voter registration information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals 20000 26,00 506.25 3000 200 AMOUNT PAID

SUBTOTAL \$ /642.25

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

Cover Page

FFERENT) NO. AND STREE	TIMP FRIAL COUNTY SUPERIOR DIST S STREET ADDRESS (NO P.O. BOX) 678 OLIVE AVE STATE ZIP CODE AR CITY STATE ZIP CODE AR	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee
72244 160 X22-5049	AREA CODE/PHONE	1.D. NUMBER 7497	through — — — — — — — — — — — — — — — — — — —
STATE ZIP CODE STATE ZIP CODE RODORESS	STATE ZIP CODE	Treasurer(s) NAME OF TREASURER A A A A A A A A A A A A A	2. Type of Statement: Preelection Statement Special Odd-Year Report Supplemental Preelection Statement Supplemental Preelection Statement Statement Statement Supplemental Preelection Statement Statement Statement Statement Statement Statement Attach Form 495
AREA CODE/PHONE	AREA CODE/PHONE		

4. Verification

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

Executed on	Executed onDate	Executed on $\frac{7/29/4}{0.29/3}$	certify affect behand of beilary original and raws of the oracle of community and the contract of the contract
ByFPPC Form 460 (June/01) Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC State of California	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, Stage Méasure Proponent of Responsible Officer of Sponsor	Company that the Salah are the second in the

	Attach continuation sheets if necessary	h continuatio	Attac	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY	
				OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
SUPPORT	OFFICE SOUGHT OR HELD	SANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	YES NO		NAME OF EXEASORIES	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE				
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	SIAIE ZIP CODE	COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		(NO P	COMMITTEE ADDRESS	
List names of ormed.	Primarily Formed Candidate/Officeholder Committee Listrofficeholder(s) or candidate(s) for which this committee is primarily formed.	didate/Office	7. Primarily Formed Cand officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER	
				LD. NUMBER		COMMITTEE NAME	
YWA	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	not included in this statemer contributions or make expen	
	OPONENT.	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	_	lot Included in this Sta	Related Committees N	
ponent, if any.	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	ceholder, can	Identify the controlling office	11/4 /x 92250	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIALIBUSINESS ADDR	
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	SUR DIST S	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INC	
			NAME OF BALLOT MEASURE		NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
	Committee	t Measure C	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Candid	CTI

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE
RNIA 460

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC	FPPC 1		6	19. Outstanding Debts Add Line 2+Line 9 in Column B above
reported in Column B.	different from amounts reported in Column B.		\$	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse
*Since January 1, 2001. Amounts in this section may be	*Since January 1, 2001.	for this calendar year, only carry over the amounts	\$\$	17. LOAN GUARANTEES RECEIVED Schedule B, Pert 2
⇔		subtracted from previous period amounts. If this is		If this is a termination statement, Line 16 must be zero.
()		Column A may be negative figures that should be	s 115.00	15. Cash Payments Column A, Line 8 above 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15
€9		from Column B of your last		Miscellaneous Increases to Cash
С Ф		To calculate Column B, add amounts in Column A to the	\$ 707.22	12. Beginning Cash Balance
€ 9			(110 77	rrent Cash S
€9		\$ 1879.99	\$ 5878.05	1ADEA
Total to Date	Date of Election (mm/dd/yy)			Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulati	49	\$	
Expenditure Limit Summary for State Candidates	Expenditure Limit Candidates	55.668LS	\$ 5878.05	Expenditures Made 6. Payments Made Schedule E, Line 4
<i>ω</i>	Made \$	\$ 8522	s 6,212	TOTAL CONTRIBUTIONS RECEIVED
φ, 	20. Contributions Received \$	\$ 8022	\$ 5,772	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	101			2. Loans Received Schedule B. Line 3
	General Elections	· 8022	5772	Monetory Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Sur Running in Both t	Column B CALENDAR YEAR TOTAL TODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.3.27491)	e Dist 5	no G Superevisor Dist	Gostillo In	Committee To Elect Raymond R.
Page 3 of 8	through <u>S-17-2014</u>	through		SEE INSTRUCTIONS ON REVERSE
FORM 400	3.18-2014	from		

Monetary Contributions Received Schedule A

NAME OF FLER

SEE INSTRUCTIONS ON REVERSE

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

) from 3-18-2014 through 5-17-2014 Statement covers period Page 14 I.D. NUMBER CALIFORNIA SCHEDULE A

Schodula A Summan					4-4-14	4-4-14	DATE RECEIVED	COMMI
Summan					4-4-14 1996 Chambers LANG H-4-14 1996 Chambers LANG HOLTWING CA 92250	at-4-14 Calif United Homecase Workson	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	COMMITTEE TO ECECT RAYMONDIR. CASTING IMP CO SUSCEVISOR DIST S
		OSCC OSC	DOTH SCC	DOTH SCC	SCC SCC	SCC SCC SCC	CONTRIBUTOR CODE *	Castill
	\$UBTOTAL\$				Sun PERK SOLAR PLANT OPERATOR	LOCAL #403+ PAC 5,000.00	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	& Imp to Supple
					250,0	5,000.00	AMOUNT RECEIVED THIS PERIOD	115012 Dist
					250.10	5,000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
					250.00	5,001.00	PER ELECTION TO DATE (IF REQUIRED)	1327497

ochedule A odillialy

- 2. Amount received this period unitemized contributions of less than \$100......\$ 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)
- Total monetary contributions received this period.
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,772

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

\$ 5,250.00

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

Schedule C Nonmonetary

Type or print in ink. Amounts may be rounded

Nonmor	Nonmonetary Contributions Received		to whole dollars.	fre	from 3.18.20/4	1	CALIFORNIA FORM	460
SEE INSTRUCT	IONS ON REVERSE				through <u>S-17-2014</u>		Page 5 of	of X
NAME OF FILE	Committee To Elect Pay	aymond R	Castillo Imp	Co Supplied of	Stoppenish Dist S		1327497	76
DATE RECEIVED	S AND OR MBER)	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 CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)
416-14	max Castillo 400 No Imporial Imporial CA 92251	⊠IND □COM □PTY	Construction	T- Shirets	300,11	5 60.00	506.00	60
		□IND □COM □PTY						
		□IND □COM □PTY						
		□IND □COM □PTY						
Attach add	Attach additional information on appropriately labeled continuation sheets	ed continuati	on sheets.	SUBTOTAL \$	\$ 50.00			N. 64
Schedule 1. Amount I (Include	Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more (Include all Schedule C subtotals.)	ions of \$100 o	r more.	€9	500.00	*Contril	*Contributor Codes IND – Individual COM – Recipient Committee Cother than PTY or SCC)	ee ee CSCC)
 Amount Total nor 	 Amount received this period – unitemized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period. 	ary contribution	ns of less than \$100			OTH - Other PTY - Politice SCC - Small	OTH – Other PTY – Political Party SCC – Small Contributor Committee	ommittee
(Add Lin	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A. Lines 4 and 10.)	Page Columi	n A. Lines 4 and 10.)	TOTAL \$	TOTAL \$500.03			