### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

through 5-17-2014 from 3.18-2014

CALIFORNIA 460

SCHEDULEE

Page 6 I.D. NUMBER 

Committe To ECECT PAYMOND R. CASTILL	Imp	Imp 6 Systevisor Dist S	1327497	I
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphernalia/misc.  CNP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  ND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  CNP campaign paraphernalia/misc.  MBR member communications  MTG meetings and appearances  OFC office expenses  OFC office expenses  OFC petition circulating  PHO phone banks  POL polling and survey research  TRS staff/spouse travel, lodging  TRS transfer between comminications  TSF transfer between comminications  SAL campaign workers' salar petition circulating  TRC candidate travel, lodging  TRS staff/spouse travel, lodging  TRS transfer between comminications  TSF transfer bet	nunications appearances ses ating ating are researc urvey researc very and mes services (lega	member communications meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting)  Textured 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 TRS transfer between committees of the sam TSF	scribe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staffspouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	. 7
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODE O	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	1
Rocket Copy/H St	CMP	Ch 6ck #176	199.80	I
Imposeine PRINTER 100 South 11th STreet 92243	CMP	chock #199	345.60	
DESSIE DEEN 181 N. PGZA BRANGO G 92227	TW7	chock # 128	75.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	arized on Si	chedule D.	SUBTOTAL \$ 620,40	
Schedule E Summary  1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	s.)		\$ 5.878.05	
	1, Column i	Column A. Line 6.)	TOTAL \$ 5,878,05	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	he Summai		TOTAL \$ 3,8/8/00	

#### 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 3-18-2014

CALIFORNIA FORM 460

SCHEDULE E (CONT.

Page \_

through S-17-2014

I.D. NUMBE

CONN 188 9 (oct payround to pastillo NAID SULLDBOKED AND

22 HIDALOD SOCIETY
HO CESAR CHAVEZ
BRANCEY CA. 9 8 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Tortas Benefit EVERT
327 CESAR CHAVEZ BLY
CALEXILO CA: 92231 CALOXICO CA. 9223) WIN HEFFERMAN AVE All Spirts International thos MAIN 413 B. Allew Anthony ORACIN tourdation TXO RADIO Serwesy civic donations contribution (explain nonmonetary)\* campaign paraphernalia/misc campaign literature and mailings campaign consultants candidate filing/ballot fees legal defense independent expenditure supporting/opposing others (explain). fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2 92243 면 연 등 등 member communications professional services (legal, accounting) polling and survey research postage, delivery and messenger services petition circulating office expenses meetings and appearances print ads phone banks CYC RND 0 Y O ムだし CYC CODE S CK6CK# 181 CKOK#183 Chock# 182 Chock# 221 CKECK# 179 DESCRIPTION OF PAYMENT 공 returned contributions radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals campaign workers' salaries 989 1,464.00 130 100,00 100,00 AMOUNT PAID

ナイナン \$ TYLOLANS

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

SEE INSTRUCTIONS ON REVERSE

onnittes

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

from 3-18-2014 Statement covers period

SCHEDULE E (CONT.)

FORM 460

Page 🖇 of B

through 5 - 17 - 2014

1.3.2.7.497

ECENT RAYMOND R. CASTILLS IMP CO SUPERVISOR Dist S

Hectville CACH 92250  ACC CLUB  BRO CACH #224  150.00  POBOX 512380  Los Angolds CA govs)  PRO BANK Withdray to Tolor Los Angolds CA govs)	MBR member comm MTG meetings and OFC office expens PEI petition circula PHO phone banks POL polling and su postage, deliv PRO professional su PRESS OF PAYEE OEMTER I.D. NUMBER)  OEMTER I.D. NUMBER)  OEMTER (D. NUMBER)	nnunications d appearances ises lating survey research ivery and mes services (legal PRT PRT PRT)	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses potition circulating phone banks postage, delivery and messenger services professional services (legal, accounting) print ads  CODE OR  DESCRIPTION OF PAYMENT  PRT  CA GCK # 223  PRT  CA GCK # 223  PRT  CA GCK # 223  Radio airtime and production costs Represented contributions SAL campaign workers' salaries ITRC candidate travel, lodging, and meals TRS staffispouse travel, lodging, and meals TRS staffispouse travel, lodging, and meals TRS staffispouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponso voil voter registration well information technology costs (internet, e-mailt)  AMOUNT PAID  PRT  CA GCK # 223  PRT  CA GCK # 223  RAD  CA GCK # 223  RAD  AMOUNT PAID  RAD  RAD  CA GCK # 223  RAD  RAD  RAD  RAD  RAD  RAD  RAD  RA	ame candidate/sponso e-mail)  AMOUNT PAID  \$ \$0.00
CYC Check#224  CYC Check#224  CYC Check#224  Reposs 0369  RRO BANK Withdray C for  SERVICE FEES	hronicle + Ave Calif 92250	ORT	Ch 6CK # 223	330.00
R govs) PRO BANK Withdray to		CYC	Ch 6CK #224	150.00
	EL CENTRO 0369	PRO	SANK Withdray to	73.00

10000 Fig. 3.000 Fig.	late Measure Proponent	Signature of Controlling Officeholder, Candidate, Slate Measure Proponent	Ву	Executed on
ledules is true and complete.	spurer of Assistant Treasurer  State Measure Proponent or Responsible Officer of Sponsor	a best of my knowledge the information contained here in it is true and correct.  Signature of Controlling Officeholder: Carholdale, State Measure Proponent or	wing this statement and to the best of my of California that the foregoing is true at By Signature of Cont	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 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.  By Signature of Controlling Officendides, State Measure Proponent or Responsible Officend's Sponsor
AREA CODE/PHÔNE		OPTIONAL: FAX / E-MAIL ADDRESS	100x AREA CODE/PHONE OF	OFFICIAL FAX / E-MAIL ADDRESS OF YATIO, CON STATE ZIP CODE  CITY  CA  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL A
AREA CODE/PHONE	SURER IF ANY SURFACE IF ANY SURER IF ANY SURFACE IF ANY SURFACE IF ANY SURFACE IF ANY SURER IF ANY SURFACE IF ANY	ADDRESS ADDRESS ADDRESS ADDRESS ASSISTANT TREA ASSISTANT TREA	ZIP CODE AREA CODE/PHONE	TIMP GRIM & GUNT SUPERVISOR D'S  STREET ADDRESS (MO P.O. BOX)  678 OLIVE AVE  CITY  HOLT VILLE  STATE ZIP CODE  CITY  ALT  CITY  CIT
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.D. NUMBER 132 5 499	Ation
Quarterly Stalement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	e ow)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Armendment (Explain below)	omplete Parts 1, 2, 3, and 4.  Ballot Measure Committee  Primarily Formed  Controlled  Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  Officeholder, Candidate Controlled Committee  Ostate Candidate Election Committee  ORecall  (Also Complete Part 5)  General Purpose Committee  Osponsored  Osmall Contributor Committee  OPrimarily Formed (Also Complete Part 7)  Officeholder Committee  (Also Complete Part 7)
Page of 7	JUL 2 9 2014 IMPERIAL COUNTY EGISTRAR OF VOTERS	Date of election if applicable: (Month, Day, Year)  06-03-20/4 R	Statement covers period from $\frac{5.18.2014}{6.30-2014}$	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460 2001/02 FORM	Date Stamp RECEIVED	ink.	Type or print in ink	Recipient Committee Campaign Statement Cover Page

	Attach continuation sheets if necessary	Attach continuati	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
			OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	eholder Committee List is committee is primarily formed.	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
			.D. NUMBER		COMMITTEE NAME
YNY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive adidacy.	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.	Related Committee not included in this stat contributions or make e
ponent, if any.	rolling officeholder, candidate, or state measure proponent, if any.	identify the controlling officeholder, candidate, on NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	RESIDENTIAL/BUSINESS ADDRESS' (NO. AND STREET) CITY STATE ZIP 678 OCIVE AVE HOLTVILLE CA 92250	E AVE HOLT	RESIDENTIAL/BUSINESS /
SUPPORT OPPOSE		BALLOT NO. OR LETTER JURISDICTION	T NUMBER IF APPLICABLE)	D (INCLUDE LOCATION AND DISTRIC	OFFICE SOUGHT OR HELL
		NAME OF BALLOT MEASURE		NAME OF DEFICEHOLDER OR CANDIDATE	NAME OF DEFICE HOLDER OR CANDIDATE
	Committee	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

# Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE

Summary Page	to whole dollars.	State	Statement covers period  S-18-26/4	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 6	6-30-2014	Page 3 of 7
Committee To Elect Raymond R.	Castillo Imp Cour	& Superevisor	Dist 5	1.D. NUMBER 1327497
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	mary for Candidates  State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 865,6	11,620	General Elections	ns 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ 5.278	11,620	20. Contributions Received \$	\$n
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	s 3,598 s	12,120	ſes	co
Expenditures Made  6. Payments Made Schedule E. Line 4  7. Loans Made Schedule H. Line 3	s <u>2822.47</u> \$	10,702.46	Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS	\$		22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	2827 45	10 700 41	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement				<i>(9</i> )
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above	s // > . 00 To			<del>(3</del>
14. Miscellaneous Increases to Cash Schedule t. Line 4 15. Cash Payments	fro	from Column B of your last report. Some amounts in		<b>€</b>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	s 650,70 fig	figures that should be subtracted from previous period amounts. If this is		<b>49 49</b>
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ tor	the tirst report being filed for this calendar year, only carry over the amounts	*Since January 1, 2001. A	*Since January 1, 2001. Amounts in this section may be
sh Equivalents and Outsta Cash Equivalents	7		different from amounts reported in Column B.	orted in Column B.
19. Outstanding Debts Add Line 2+Line 9 in Column B above			FPPC Toll	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A Monetary Co

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary Contributions on Reverse	Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE	to v	to whole dollars.	Statement covers period trom 5-18-2014 through 6-30-2014		CALIFORNIA 460 FORM Page 4 of 7
NAME OF FILER	Committee To Elect Rymond R. Castille Imp County	Castillo		SUPPRIVISIR Dists	-	132749)
DATE RECEIVED	Я	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5-22-14	Edunedo GARCIA FOR ASSEMBLO 1787 TRIBUTE ROSSIEK CACRAMENTO CA: 95815	UKCOC NO PTO PTO WELL LESS		5000	2000	
5-28-14	TREW LOCAL 47 PAC 600 N. DIAMOND BAR DIAMOND BAR	DOTH SCC		500,00	560.00	
6-2-14	111 Woodmore Rd 5th 25th February CA. 95630	SOC ALACION MODIH		800,00	800,00	
		□ IND □ COM □ PTY □ SCC				
		DSCC DSCC				
			SUBTOTAL\$	1800.4		
Schedule /	Schedule A Summary  1 Amount received this period – contributions of \$100 or more				*Contributor Codes	· Codes

N)		_
2. Amount received this period – unitermized contributions of less than \$100	(Include all Schedule A subtotals.)\$.	1. Amount received this period - contributions of \$100 or more.

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

OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

1798.00 1800.00

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

### Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

through 6-30-2014 trom 5/8-2014 Statement covers period Page \_\_\_ I.D. NUMBER UZ

SCHEDULEE

Committee To Exect Raymond To. CASTILL	Task!	SUDGRIJOR Dist S	1327497
DES: If one of the following codes accurately describes the pacampaign paraphernalia/misc.  MBR campaign consultants  contribution (explain nonmonetary)*	syment, you may enter member communications meetings and appearances office expenses	the code. Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries	
civic donations  candidate filing/ballot fees  fundraising events  roc independent expenditure supporting/opposing others (explain)*  POS  legal defense  campaign literature and mailings	petition circulating phone banks phone banks polling and survey research polling and survey and messenger services postage, delivery and messenger services professional services (legal, accounting) print ads	TEL TRC TRS enger services TSF accounting) VOT WEB	ne candidale/sponsor mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KXO RATO 420 W. MAIN ELGATRO (A	RAD	Check # 225	680,00
I.V. Press 205 N Sth ECGNTRO G 92243	PRT	Ch 6ck # 226	272.55
15to Eath 4th El Gutro Ca 92243	FND	CL6cK# 228	75.08
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	narized on Sch		SUBTOTAL\$ 1029.63
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)		ж. <b>С</b>	
	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.)	he Summary	/ Page, Column A, Line 6.)	

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

JOHN

2

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

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Elect Kaymond K. C 2 42 CR VISUR 2/2/5 through 6-30-2014 from\_ Statement covers period 5-18-2014 Page 6 I.D. NUMBER 132 7497

48.450/s TVIOLANS	SUBTOTAL S	d on Schedule D.	lso be summarized	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
160,00	CLOCK#232	0 < 0	SPC 6	CALEXICO CHAMBER of CommERCES CALEXICO CR. 9223)
100.10	Check#233	CVC		alexico (A. 9223)
200,00	chack# 231	77		ELVIRA ALVARADO ZEMOS RO HOCTVING OR 92250
13484	CLock # 230	FWD		Lucky's 1540 South 4th CC Gntes CA 92243
500.00	Ch 6ck #229	FND		FERNANDU CUSTO 838 Palm Holtville CA. 92250
AMOUNT PAID	OESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)
s me candidate/sponsor -mail)	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS staff/s	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MBR member commun MTG meetings and ap OFC office expenses PET petition circulatin PHO phone banks POL polling and surv POS postage, deliver PRO professional ser PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign liter ature and mailings

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

SEE INSTRUCTIONS ON REVERSE

John Hos

ECECT Kaymord IN Cathle

SUPERVISOR Dist 5

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

Statement covers period 5-18-2014

CALIFORNIA FORM

SCHEDULE E (CONT.)

Page \_\_\_

through 6-30-2014

127497 I.D. NUMBER

8 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. LOUTE LOARZ 14 (4)116 CA.
14 (4)116 CA. Payments that are contributions of independent expenditures must also be summarized on Schedule D. ELSO( DBL VAILE NOWSPAPER POSCX 3442 ECGNATOR CR. 92243 AJ GARCIA Foundation TRAWLEY OF civic donations contribution (explain nonmonetary) campaign consultants campaign paraphernalia/misc. campaign literature and mailings independent expenditure supporting/opposing others (explain)\* legal defense candidate filing/ballot fees fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 92227 물리 유리 등 member communications office expenses meetings and appearances print ads postage, delivery and messenger services professional services (legal, accounting) phone banks petition circulating polling and survey research カタ 12 P CODE Chock\* 23% 1 C K 6 ck # 234 Chock# 236 Ch 60/2 # 235 DESCRIPTION OF PAYMENT radio airtime and production costs voter registration candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions staff/spouse travel, lodging, and meals information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor SUBTOTAL \$ ' 30.00 cc 360,00 100. US AMOUNT PAID 60.0°

FPPC Toll-Free Helpline: RSS/ASX-FBBC		Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
1	a Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed onDate
1 1	rasurer rand or Responsible Officer of Sponsor	Supplicit of Treasurer or Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Propunent or Responsible Officer of Sponsor	By Signature of Confi	Executed on $\frac{10/30/4}{\text{Date}}$
dules is true and complete.	herein and in the attached sche	est of my knowledge the information contained is true and correct.	iewing this statement and to the best of my ate of California that the foregolog is true a	<ol> <li>Verification</li> <li>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 foregolog is true and correct.</li> </ol>
AREA CODE/PHONE 4 760-222-5049	STATE ZIP CODE CA 92244	MAILING ADDRESS  (FO ISCX 1656  CITY  (CT) FO THE OPTIONAL: FAX 1E-MAIL ADDRESS FOR MOND FOR STILL	21P CODE AREA CODE/PHONE 32244 760-222-5047	OPTIONAL: FAX / E-MAIL ADDRÉSS
3 760-353-8934	STATE ZIP CODE  STATE ZIP CODE  72243  ASURER. IF ANY  ASURER. IF ANY	CITY  CITY  C (C) TO O  NAME OF ASSISTANT TREASURER.  TORY MAN MAN (AS)	21P CODE AREA CODE/PHONE	ADDRESS (NO P.O. BOX)  BOCIVE AVE  STATE  ZACIT  ZA
		RER	MITTEE / 327497  Ay mond R. Castille  Ay mond R. Castille	3. Committee Information  COMMITTEE NAME FOR CANDIDATE'S NAME IF NO COMMITTEE  The School Committee Information
			Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sponsored     Small Contributor Committee     Political Party/Central Committee
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	000	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	All Committees - Complete Parts 1, 2, 3, and 4.  ommittee	1. Type of Recipient Committee: All Committees -  Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee
Page of of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Month, Day, Year) $\frac{11-0+-2014}{}$	through 29-30-2014	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460 2001/02 FORM	Date Stamp	ink.		Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

											Oi
CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this states contributions or make ex	RESIDENTIAL/BUSINESS AF	Try Brig (	NAME OF SPFICEHOLDER OR CANDIDATE	- 1
STATE ZIP	STREET ADDRESS (NO P.O. BOX)		OPIE ZIF	(NO			Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET)	Try OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OR CANDIDATE CASTIN	Officeholder or Candidate Controlled Committee
ZIP CODE AREA CODE/PHONE	YES   NO	CONTROLLED COMMITTEES	I.D. NUMBER	1	CONTROLLED COMMITTEE?	ID. NUMBER	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.	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  678 OLIVE AVA HOLTVIIIE A 9225 D	OF DIST S	7	nittee
					7.			V.			, б
Attach	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE. OR PROPONENT	BALLOTNO. OR LETTER	NAME OF BALLOT MEASURE	. Ballot Measure Committee			
continu	DIDATE	IDIDATE	IDIDATE	IDIDATE	ittee 1			holder, DATE, OR	JURISDICTION		ě
ation sh	OF F	OF F	OF F	OF,	d.			candida	CTION		
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	s of officeholder(s) or can		DISTRICT NO. IF ANY	te, or state measure pru						
	SUPPORT OPPOSE	SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	didate(s) for	8).	ANY	oponent, if any.	SUPPORT OPPOSE		

# Campaign Disclosure Statement Summary Page

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

Statement covers period from 09-01-2014

SUMMARY PAGE
NIA 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  11. TOTAL EXPENDITURES MADE  12. Schedule E, Line 3  13. TOTAL EXPENDITURES MADE  14. Schedule C, Line 3  15. Schedule C, Line 3  16. Add Lines 8 + 9 + 10  17. TOTAL EXPENDITURES MADE  18. Schedule C, Line 3  19. Add Lines 8 + 9 + 10  10. Nonmonetary Adjustment  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE	Received         Column A column A column A column A column a calendary (FROMATIACHED SCHEDULES)         Column TOTAL THIS PERIOD (FROMATIACHED SCHEDULES)         COLENDARY (FROMATIACHED SCHEDULES)         COLENDARY (FROMATIACHED SCHEDULES)         I 7 6         STACK TOTAL TODARY (FROMATIACHED SCHEDULES)         I 7 6         STACK TOTAL TODARY (FROMATIACHED SCHEDULES)         STACK TOTAL TODARY (FROMATIACHED SCH	Committee to Elect Payment R. astille Imperial Count Space
Junn B, add mn A to the mounts in e negative lid be previous If this is eing filled year, only mounts and 9 (if  FPPC Toll-Free Helpline: 866/ASK-FPP	Candidates  22. Cumulative Expenditures Made*  (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$	Calendar Year Summ Running in Both the \$ General Elections 1/1 throughter 20. Contributions Received \$ 21. Expenditures Made \$	SLAGRVISCR Dists 1327

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

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

Statement covers period 4105-10-10

				from (	9.0.	TOXIS	
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 09-30-2014		Page 4 of	9
NAME OF FILER	COMMITTED TO BUELT RAYMONTIR CASTILLO IMPERIAL OF SUPERIOSAR Dist S	the In	DERIN OU SUBSA	Still Nost		1327491	>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	OTION TE IRED)
7.10-19.	ICRRY & VIVIAN MURPHY SHY WIGS + BELFORD Rd ImpERIAL CA FLASI	□SCC □STY □PTY □PTY □COM	(Astins:)	200	200	:3	
7-10-14	MARY LOU HISEL 2900 ALEXANDER FLORENCE ARIZ	OSCC OSC	Longrapial CALSA	200	200		
7-10-14	TRACY ELARRY COX 861 W. Fites Rd Imperial Ca.	DCOM DOTH DSCC	Informing forth	200	200	gi.	
9.00.74	Visco Flying Co POROX 68 Imporial (A 9225)	OND COM BOTH PTY SCC	tw stra	500	asod		
41-51-8	ARMAN GABAY 9034 W. SUNSCT. BLVD MISST HOLYMAND CO. 90019	□SCC □SCC	Proprietary	2,500	4,000	2	
			SUBTOTAL	SUBTOTAL\$ 3,600			1 %

## Schedule A Summary

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

IND - Individual \*Contributor Codes

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

1942

4100

SCC - Small Contributor Committee

## Monetary Contributions Received Schedule A (Continuation Sheet)

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

Statement covers period CALIFORNIA FORM '

through 09-30-2014 from 07.01-2014

> SCHEDULE A (CONT.) 460

9-2-14 41-51-8 NAME OF FILER DATE RECEIVED CORM. Tros FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD: NUMBER) CODE \* Charles + DOBRA Hoskins PK 120 0日 5K 73.185 (twy 11) SUITE H 6) ECENT RAYMOND R. CASTIL SOCHO 92260 SCC PTY NO OND ODDDD No At At A SSC THE POTE MANAGEMENT AND COMMON OCC PTY NO OCC N Importable Co Superprison Souther muga (Jours July) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Jesep) (13 224 SUBTOTAL \$ 250 AMOUNT RECEIVED THIS PERIOD 250 200 7510 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 000 Page \_\_\_ くのよってとが I.D. NUMBER W (IF REQUIRED) PER ELECTION TO DATE 으

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH ~ Other

PTY - Political Party

SCC - Small Contributor Committee

### Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

from 07-01-2014 Statement covers period

SCHEDULE E

Committee to Elect Mymond R. Castille Imperial Count supercises Dist S through 09-30-2014

> Page 6 잋 10

1327497

CTB contribution (explain nonmonetary)*  CVC civic donations  FIL campaign workers' salaries  CVC civic donations  FIL campaign workers' salaries  PET petition circulating  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  POL polling and survey research  PRO professional services (legal, accounting)  PRO professional services (legal, accounting)  NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER ID, NUMBER)  NAME AND ADDRESS
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 votr voter registration  WEB information technology costs (internet, e-mail)  DESCRIPTION OF PAYMENT  AMOUNT PAID  CLC/C/C/C/2/39 : #253  CLC/C/C/C/2/39 : #253  CLC/C/C/C/2/39 : #253  AMOUNT PAID  AMOUNT PAID

## Schedule E Summary

_
₹
≝.
Ze
g D
ā
me
ž
S
าade
et
his.
Q
erio
ä
=
<u> </u>
iclud
즏
iclude all
iclude all Sc
clude all Sche
iclude all Schedu
iclude all Schedule
iclude all Schedule E
ıclude all Schedule E sı
ıclude all Schedule E s
iclude all Schedule E subti
iclude all Schedule E subtot
iclude all Schedule E subtot
iclude all Schedule E subtot

- 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 \$

W

526.97

\$ 5526.97

G9

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

NAME OF FILER

Cimmittee

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

through 09.30-2014 from 07-01-2014

**CALIFORNIA** FORM

SCHEDULE E (CONT.)

9 Q

Page\_ I.D. NUMBER クなど 664,

CASTINO ナシンクシスト COUNTY SUPERISA 7×10 (/!

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment 4 Elect Kaymond R.

independent expenditure supporting/opposing others (explain)\* 문리 당 다 당 다 당 다 당 다 당 petition circulating office expenses meelings and appearances professional services (legal, accounting) polling and survey research phone banks

岩腔물

campaign literature and mailings

8 CHS CAS

civic donations

contribution (explain nonmonetary)\*

campaign consultants campaign paraphernalia/misc.

candidate filing/ballot fees

fundraising events legal defense

member communications

postage, delivery and messenger services

SRRA AP B radio airlime and production costs campaign workers' salaries returned contributions

ᅙᅑᅑᅏᅖ candidate travel, lodging, and meals t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals

voter registration transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

The Co Elections Dept 940 m. MAIN ELENTRO CA 92243	ARMANDO SILIA 149 m. 8th Holtville G 92250	HOLYING POP MARNER HOLTWING COLIF 92250	Richard Solorio 595 Yucca DR ELLENTRO CR 92243	HIGHLOD SUCIETY CHAVEZ BLIND SOMILES	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
717	CVC	CVC	SAL	OVC	CODE OR
Chex 4241	Chock #240	Chack #255	Chack # 246, #249, #250	Choc/6 1243	DESCRIPTION OF PAYMENT
300	* 00	250	325	005	AMOUNT PAID

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

SUBTOTAL \$ **∞** 

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

SCHEUJLE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE BANITED Elset Kaymond K Cartillo Type or print in ink.
Amounts may be rounded to whole dollars. > HOGENSUR Dist S from 07-01-2014 through 09-30-2014 Statement covers period CALIFORNIA 1.D. NUMBER 7497 Page Z of FORM 460

SUBTOTAL \$ / 4.) 6, 9,	SUBTOTAL \$	Schedule D.	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
5/00	Charl T-258	CVC	IVC SOCCED Imperial Ca. 9223;
150%	CLECK +25%	RAD	GERARDO VENEGAS CALEXICO CALE 9223)
476,97	Check +256	CMP	Imperial PRINTERS 430 W. MAIN EL CONTRO CA 92243
00/	Check +-254	CVC	Minns of Impresol Mally ECCENTRO CA. 9:2343
080	Chall #248	RAD	TXO RADIO TXO C. MANN EL CONTRO CA 92242
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
ls me candidate/sponsor e-mail}	RAD radio airlime and production costs  RED 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  senger services  TSF transfer between committees of the same candidate/sponsor  I, accounting)  WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings  MBR member community  MTG meetings and app  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey  POS postage, delivery  PRO professional servi

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

GAN TER

Khyrrox K

Trappoint Count

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

Statement covers period

from 07-01-2014 through 09.30-2014

FORM

CALIFORNIA 460

SCHELULE E (CONT.)

Still Mish some Page \_\_ 10. NUMBER 7497 **-0** <u>으</u> |

Payments that are contributions or independent expenditures must also be summarized on Schedule D *			auldog Radio Abxico Oalt 9223	CALOXICO BAJA RUNNERT 5 DVB CALOXICO COLT 9223)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you remained compaign paraphernalialmisc.  CMP campaign paraphernalialmisc.  MBR member community of contribution (explain nonmonetary)*  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot fees  FND fundraising events  FND independent expenditure supporting/opposing others (explain)*  FND independent expenditure supporting/opposing others (explain)*  FNO professional servious professional service professional service professional service
Schedule D.			040	0.70	CODE OR	payment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SIBTOTAL			Chall #25)	Chsck#259, #260	R DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks postlage, delivery and messenger services professional services (legal, accounting)  print ads  RAD radio airlime and production costs RFD returned contributions  SAL campaign workers' salaries TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse revel, lodging, and meals TRS transfer between committees of the same candidate/sponso
いしいろ	×		31.0.51 K	0(./3	AMOUNT PAID	ts ime candidate/sponso

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 3. Committee Information SEE INSTRUCTIONS ON REVERSE Cover Page Campaign Statement Recipient Committee (Government Code Sections 84200-84216.5) Conficeholder, Candidate Controlled Committee 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 Verification COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) under penalty of perjury under the laws of the State of California that the foregoing is true and confect STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS a ymond-costille INDERIAL COMP SUDERVISOR General Purpose Committee チョクナンノイ Small Contributor Committee
 Political Party/Central Committee (Also Complete Part 5) O Recall State Candidate Election Committee Executed on Executed on Executed on Executed on Sponsored 15/17/20 1054 0 Dake Date 7 ₹ % 3 STATE STATE (B) Y450 , 03~ TIP CODE ZIP CODE Primarily Formed Ballot Measure Primarily Formed Candidate/ Officeholder Committee Sponsored (Also Complete Part 6) Controlled Committee through 1/2-18-2014 from Statement covers period 10-1-2014 760-222-5649 AREA CODE/PHONE AREA CODE/PHONE CASTI/A Ву 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 Officer older Candidate, State Measure Proponent Date of election if applicable: Ņ OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS MAILING ADDRESS NAME OF TREASURER Treasurer(s) Type of Statement: (Month, Day, Year) 70 LOUISA Preelection Statement Amendment (Explain below) Termination Statement Semi-annual Statemen へんくくろう (Also file a Form 410 Termination) ASSISTANT TREASURER, IF ANY (ENTRO 1056 インくのなくったり OCT 3 0 2014 Date Stamp STATE, Supplemental Preelection Statement - Allach Form 495 Special Odd-Year Report Quarterly Statement Page For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 9

OVER PAGE

Page \_

CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	not included in this sta	Related Committe	RESIDENTIAL/BUSINESS	OFFICE SOUGHT OR HE	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or C
STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)		ליבור ליוי ליוי ליוי ליוי ליוי ליוי ליוי לי	(NO P			not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	TO (INCLUDE LOCATION AND DISTRICT	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
AREA CODE/PHONE	YES NO	CONTROLLED COMMITTEES	I.D. NUMBER		CONTROLLED COMMITTEE?	I.D. NUMBER	r are primarily formed to receive didacy.	tement: List any committees	ASTATE SIDE	SOP 315/ S		ttee
	190				7.							<u>თ</u>
Attacl	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE			OFFICE SOUGHT OR HELD		Identify the controlling office	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	Ballot Measure Committee
continue	NDIDATE	NDIDATE	NDIDATE	NDIDATE	nittee L			IDATE, OR	eholder,	JURISDICTION		(ee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	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	Identify the controlling officeholder, candidate, or state measure proponent, if any.			
	SUPPORT OPPOSE	SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	didate(s) for		ANY		oponent, if any.	SUPPORT OPPOSE		

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.	fro	Statement covers period $\frac{10-1-201+}{}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	<u>ইত্</u>	through <u>/C</u>	18-2014	Page 3 of 6
Committee To Elect Raymond	R. Castilo	ImpERIAL Co.	County Supreviole DS	15. NUMBER 1327497
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B catendar year Total Todate	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
	\$ 2,450	s 20, 112	General Elections	<b>1S</b> 1/1 through 6/30 7/1 to Date
2. Loans Received         Schedule B, Line 3           3. SUBTOTAL CASH CONTRIBUTIONS         Add Lines 1 + 2	\$ 2,450	L. I	20. Contributions Received \$	67 1
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	\$ 2,450	\$ 20,612	21. Expenditures Made \$	φ 
Expenditures Made  6. Payments Made Schedule E, Line 4	\$ 1,598	\$ 17,827	Expenditure Limit Summary for State Candidates	ummary for State
7. Loans Made         Schedule H, Line 3           8. SUBTOTAL CASH PAYMENTS         Add Lines 6 + 7	\$ 1598	\$ 17,827	22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	X X X X	77 827	Date of Election (mm/dd/yy)	Total to Dale
Current Cash Statement	7			<b>५</b>
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above	2,450,00	To calculate Column B, add amounts in Column A to the corresponding amounts	*Amounts in this position m	av be different from emounts
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above	1598.00	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 CASHBALANCE	\$ 2011.10	figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Parl 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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Schedule A

Type or print in ink.

SCHEDULE A

Monetary (	Monetary Contributions Received	Amount to	Amounts may be rounded to whole dollars.	Statement covers period from $1(2-l-20)4$	2014	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			through (O -/	8-2014	Page 4 of 6
NAME OF FILER	Committees to 666t Paymond R. Castille Imperial Co Superiser Dist S	AstiMo	Imperial G Super	evisa Dist		1.D. NUMBER 1327497
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION R TO DATE (IF REQUIRED)
10-2-14	10-2-14 1510 MOLANIE LN ARCADIA CA. 91007-7909	DDD SCC DDTH SCC DDTH DDTH DDTH DDTH DDTH DDTH DDTH DD	Chun Lo 1510 msawis Lu ARCADIA CA	456	*1.250	
10-17-14	10-17-14 POBOX 2684 EC CENTRO G 92244	OSCO PTY COM	KUKWLAND GOGL 7050×2004 ECGNRO (A 9224)	\$500		
10-17-14	10-17-14 Bruce Kuhn Eguipment Northall 10-17-14 CCCENTRS CA 92243	DSCC SCC	1312 Ego ip Routa( 1240 Drow Rd EC Entab (A9248	2 S C O		
4191.0	RAUL ESTRADA 2879 W. MAIN ELGINTRO Q 92243	□ SCC		200		
		DSCC DIND				
			SUBTOTALS	1950	2	

## Schedule A Summary

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

  (Include all Schedule A subtotals.) ......\$ /
- 2. Amount received this period unitemized contributions of less than \$100 ......\$ 500
- 3. Total monetary contributions received this period.

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

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

### Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period 10-1-2014

from \_

CALIFORNIA FORM

Page 5 <u>으</u>,

through '

10-18-2014

I.D. NUMBER

Committee To Elect Rymond R. Castillo	of R. CASTAMO IMPERIAL CO SUP	Co Supornish Dist 5	1327497
CODES: If one of the following codes accurately describes the payment, you may enter the code. C	describes the payment, you may enter th	ne code. Otherwise, describe the payment.	
OMD compains paraphornalia/miss	MRR member communications	RAD radio airtime and production costs	nosts.

무면함물구 SASS civic donations campaign literature and mailings candidate filing/ballot fees contribution (explain nonmonetary)\* campaign consultants legal defense independent expenditure supporting/opposing others (explain)\* campaign parapriernaliamilisc. fundraising events 공용무용적유증 print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating office expenses meetings and appearances 공 당 당 TRS SAL 경련 information technology costs (internet, e-mail) voter registration campaign workers' salaries staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airlime and production costs returned contributions

transfer between committees of the same candidate/sponsor

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SAGER RENTALS 615 W STATE ELLENTED CA 92243	Imperial Printers 436 W. MAIN EC GNTEO CA 92343	JOSE DE JESUS POROX SIZ CALEXICO CALIT	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
arized on	ofc	(M)	CYC	CODE
	Check#265	CMP Check# 264	Check # 263	OR DESCRIPTION OF PAYMENT
SUBTOTALS 650.24	250	\$300.24	2/110	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 ......
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)
- FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

598.24

SSD

48.00

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CORNITER

ELECT RAYMONDE.

Imporial (

SUPERIOR

2 +210

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

Statement covers period

from 10-1-2014

SCHELULE E (CONT.)

CALIFORNIA 460

Page 6 <u>악</u> [ . 9

through/0-18-2014 1327497 I.D. NUMBER

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	ECCENTRO CA 92243	Blan Image Roductions 1205 W. Main EC Control CA 92243	DANIEL Ochor 498 Sorth Frieticld ECCENTRO CR 92243	Hidalgo Society 397 Scoth Cosme Chayoz Blad Brawley A 92227	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODES: If one of the following codes accurately describes the payment, you rempaign paraphernalia/misc.  CNAP campaign paraphernalia/misc.  CNS campaign consultants  CVC civic donations  Fil. candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings
Schedule D.	PRI	070	CNZ	2/2	CODE	member communications meetings and appearances office expenses officin circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
\$ SUBTOTAL	Ch 6c K+270	Check # 269	Ch & K # 268	CL60C# 266	OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services porofessional services (legal, accounting)  print ads  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TRC campaign workers' salaries reduring and production costs production costs TRC campaign workers, salaries TRC travel, lodging, and meals postage, delivery and messenger services TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TRS staff/spouse travel, lodging, and meals TRS staff/spouse
\$ 900	100	400	250	150	AMOUNT PAID	.s me candidate/sponsor mail)

### ଚ୍ଚିତ୍ର ପ୍ରକ୍ର **1**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lunder penalty of perjury under the laws of the State of California that the foregoing is true and correct executed on $\frac{2-1/-2015}{\text{Date}}$ Executed on $\frac{2-1/-2015}{\text{Date}}$ By Senature of Executed on Date	SIREE AUDRESS (NO. 50. DOX)  (STY  HOLY INE  MAILLING ADDRESS (IF DIFFERENT) NO. AND STI  PORO X 1056  STOPTIONAL: FAX E-MAIL ADDRESS OPTIONAL: FAX E-MAIL ADDRESS	nittee Information THEE NAME (OR CANDIDATE'S NAME I MM THEE TO ECO TO BRIDGE TO TO THE	1. Type of Recipient Committee: All Committees –   X  Officeholder, Candidate Controlled Committee   State Candidate Election Committee   Recall   (Also Complete Part 5)    General Purpose Committee   Sponsored   Small Contributor Committee   Political Party/Central Party/Centra	(Government Code Sections 04200-64210.3) SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page
controlling Officeholders of Controlling Offi	AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  AREA CODE/PHONE  OPTIONAL: FAX/	und R. CASTILO  OR Dist 5	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)  2. Type of Stat  Preelection  (Also file a  Amendmen	Statement covers period (Month, Day, Year) trom $\frac{10-19-2014}{11-04-2014}$ through $\frac{11-04-2014}{11-04-2014}$	Type or print in ink.
contained herein and in the attached schedules is true and complete. I certify were or Assistant Treasurer State Measure Proponent or Responsible Officer of Sponsor Ider, Candidate, State Measure Proponent	ASURER_ IF ANY 1/0  254  STATE ZIP CODE  CA STATE ZIP CODE  ADDRESS	SALDANA Z'VERVIEUX	Stalement  Stalement  Stalement  Statement  Statement  Statement  Statement  Statement - Attach Form 495  t (Explain below)	pplicable: FEB 1 2 2015 For Official Use Only	IFORNIA ORM

Date

Page 2

₫,

CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-84 37 B	COMMITTEE NAME  COMMITTEE NAME  LD. NUMBER	MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME I.D. NUMBER	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
E/PHONE			"	•	7.		O receive OFFICE SOUGHT OR HELD		2720	BALLOTNO, OR LET	NAME OF BALLOT MEASURE	6. Primarily Form
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOU	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		≀ HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	TER JURISDICTION	ASURE	Primarily Formed Ballot Measure Committee
necessary	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD	Ommittee List names of is primarily formed.		DISTRICT NO. IF ANY		itate measure proponent, if any.	□ SUPPORT □ OPPOSE		o o

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period 10-19-2014 人(の() (な…こ) W X)

SEE INSTRUCTIONS ON REVERSE  NAME OF FILER CO MAN 17165 TO ELECT RAYMOND R. CASTILLS IN SCHOOLES,  COlumn A TOTAL THIS PERSON (FROMATIACHED SCHEDULES)  1. Monetary Contributions Schoolule A, Line 3 2. Loans Received Schoolule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Schoolule B, Line 3 4. Nonmonetary Contributions Schoolule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Schoolule C, Line 3 6. TOTAL CONTRIBUTIONS RECEIVED Schoolule C, Line 3 7	Syobry'sa Column CALENDARYE 1074-1004 \$ 21 46 \$ 21 46	through (2°37-2077 Page of 5  I.D. NUMBER (3°27) 497  B 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 \$ 1/1 through 6/30 \$ 1/1 through 6/30 \$ 1/1 through 6/30 \$ 1/1 to Date 21. Expenditures \$ 1/2 Expenditures \$ 1/2 Expenditure Limit Summary for State
Loans Received	2/5	Contributions Received \$ Expenditures Made \$
xpenditures Payments Made Loans Made SUBTOTAL CAS Accrued Expen Accrued Expen D. Nonmonetary A TOTAL EXPENI	\$ 21,072 \$ 21,072 \$ 21,072	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	20	FPPC Toll-Free Helpline: 866/ASK-FDDC /866/275.

### Schedule A Monetary Contributions Received

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

Statement covers period

SCHEDULE A 000

OTH .	□SCC	SCC PTY	SCC SCC SCOM SCC SCC SCC SCC SCC SCC SCC SCC SCC SC

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

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

IND - Individual
COM - Recipient Committee

3. Total monetary contributions received this period.

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

(Include all Schedule A subtotals.).....\$ 900, 40

Amount received this period – itemized monetary contributions.

### Payments Made Schedule E

NAME OF FILER

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

Statement covers period

CALIFORNIA 460

SCHEDULEE

through (2-31-20)4 from 10-19-2014

Page S <u>\$</u>

(1947 7497) I.D. NUMBER

Committee to Elect Raymond R. Castille Imperial County	BRIA (	SUPERVISING Dist 5	(WW 7497)
DES: If one of the following codes accurately describes the pacampaign paraphernalia/misc.  MBR campaign consultants  Contribution (explain nonmonetary)*  OFC	ayment, you may ente member communications meetings and appearances office expenses	ter the code. Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries	
contribution (explain nonmonetary)*  civic donations  candidate filing/ballot fees  candidate filing/ballot fees  fundralising events  independent expenditure supporting/opposing others (explain)*  POS  legal defense  campaign literature and mailings  PRT	office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	TEL TRC TRS TRS TSF enger services TSF Accounting) VOT WEB	osts als same candidate/sponsor tt, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
BEAWLEY CA. 92227	CNS	Check #271	100
CACEXICO CACIT 9223)	RAD	Ch6:cK#272	150
DANIEL Ochor 478 South FRINGER 92243	CNS	Ch 6ck# 213	88 x
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on So		SUBTOTAL\$ S.S. 60
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)		8-	
<ol> <li>Unitermized payments made this period of under \$100</li> <li>Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)</li> </ol>	l, 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.)	le Summan	je, Column A, Line 6.) <b>TOTA</b>	

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from 10-19-2014 Statement covers period

FORM 460

SCHEDULE E (CONT.)

Page 6 I.D. NUMBER e S

through (2-3)-2014

COMMITTED TO ELECT RAYMOND R. CASTILLO IMPERIAL COUNTY SUPERVISOR DIST S 1327490

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	MARGINE Thomas ECCONTRO CALF 92243 SO	KXO RADIO  FC GNTRO CM 97243  FC GNTRO CM 97243  AND CLCCK## 278  756	Richael Solveio 546 Chock# 276, 285 595 Yucan DR CC CONTRA CA 92243	HOLTWILLE TRIBUNE 115 WEST STA 150 W 16 CTVILLE CA 92250	LORAINE FLORGS 573 PACO VERDE 92250 SAL CLECK#274, 282, 700,00	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR DESCRIPTION OF PAYMENT  AMOUNT P	CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL campaign events  ND independent expenditure supporting/opposing others (explain)*  PRO professional services (legal, accounting)  MBR member communications  MBR member communications  MFD returned contributions  SAL campaign workers' salaries  t.v. or cable airtime and production costs  TEL t.v. or cable airtime and production costs
006	0,	75	50.00	50.60	00,00	AMOUNT PAID	andidate/s <sub>i</sub>

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

Amounts may be rounded Type or print in ink.

Statement covers period

SCHEDULE E (CONT.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE MOCKY'S CARKE LOUIE LOPEZ 1197 ECCONTRO 1846 EL CONTRO CA 97245 ounited to Elect Lymond & 1-10 LTVILLE PUP WARNER SEMC CENTER
1901 EUCH of 92243 campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)\* civic donations campaign literature and mailings independent expenditure supporting/opposing others (explain) candidate filing/ballot fees fundraising events 528Xt NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.O. NUMBER! astillo Imperial 동리원들 member communications meetings and appearances petition circulating office expenses phone banks professional services (legal, accounting) postage, delivery and messenger services polling and survey research to whole dollars. <u>いて</u> PHD CVC FND Check#28 CODE County Supar Visar Dist 5 CK 6c/(# 187 Chock# 286 CK # 4 28 DESCRIPTION OF PAYMENT from 10-19-2014 through 12-31-2014 returned contributions radio airtime and production costs voter registration candidate travel, lodging, and meals campaign workers' salaries information technology costs (internet, e-mail transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs CALIFORNIA I.D. NUMBER FORM K/00 \$ 13° AMOUNT PAID 460

SUBTOTAL \$ 45

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

519 WEST MAIN

0 < 0

Check# 288

Sy

Victory Outreach

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from 10-19-2014 Statement covers period

through (2-3)-2014

CALIFORNIA FORM SCHEDULE E (CONT.)

460

1.D. NUMBER 1327497 Page X 9 89

CODES: If one of the following codes accurately describes the payment, you may e CAP campaign paraphernaliamisc.  CNS campaign consultants CNS campaign consultants CNS contribution (explain nonmonetary)*  CNS civic donations C	Tills TMORPIAL  Dayment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal, print ads  CYC  PRU  PRU	er the code. Otherwise, describe the payment.  RAD radio airline and production RED returned contributions SAL campaign workers' salaries TEL tv. or cable airline and production TRS staff/spouse travel, lodging, an TRS staff/spouse travel, lodging, an TRS transfer between committee VOT voter registration WEB information technology costs  CARCK #289  DIRRT BINK #65 ASS6556	costs  duction costs d meals and meals s of the same candidate/spo (internet, e-mail)  AMOUNT PAID  36%
13 CANC IMAGE to SN IMAGIEM L AVE	CYC	Chrck #289	2
Chion BANK SEO WEST MAIN SCOENTRE CA 92243	PRU	DiRRCT BANK FOR ASSESSED	369
	20		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule D.	72 S TATOLANS	\$ V V

FPPC Toll-Free Helpline; 866/ASK-FPPC

#### SE T STREET ADDRESS 6192835411 Reason for Amendment: San Diego 3737 Camino del Rio South #403 Independent Expenditures Made 1. List Only One Candidate or Ballot Measure AREA CODE/PHONE NUMBER NAME OF FILER Imperial Valley Works! Sponsored by San Diego & Imperial Counties Labo-r Councit AFL-CIO Late Independent Expenditure Report OFFICE SOUGHT OR HELD/DISTRICT NO. Sought: Board of Supervisors NAME OF CANDIDATE SUPPORTED OR OPPOSED Ray Castillo 10/31/2014 County DATE Staff Time mperial Attach additional information on appropriately labeled continuation sheets. STATE I.D. NUMBER (if applicable) 1322357 ZIP CODE 92108-0000 SUPPORT × DESCRIPTION OF EXPENDITURE Type or print in ink. Amounts may be rounded to whole dollars. OPPOSE (explain below) ☐ Amendment to Report No. \_\_ Report No. Date of This Filing No. of Pages NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED BALLOT NO /LETTER 8 11/06/2014 001 REGISTRAR OF VOTERS IMPERIAL COUNTY NOV 0 6 2014 JURISDICTION 1/1 Date Stamp RECEIVED LATE INDEPENDENT EXPENDITURE REPORT CALIFORNIA TORM For Official Use Only SUPPORT AMOUNT 496 2716.09 OPPOSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. SEE INSTRUCTIONS ON REVERSE Cover Page Recipient Committee Government Code Sections 84200-84216.5) Campaign Statement 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. Verification **Committee Information** General Purpose Committee Officeholder, Candidate Controlled Committee OPTIONAL: FAX / E-WAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME IOF CANDIDATES NAME IF NO COMMITTEE STREET ADDRESS (NO P.O. BOX) roymond rostillo MOCRIAL. Small Contributor Committee
 Political Party/Central Committee (Also Complete Part 5) O Recall State Candidate Election Committee 700 Sponsored 6~1/R Count SUPORVISOR Dist S STATE (3) STATE STATE X60.27 アインとってる人 7224 160-222-5049 ZIP CODE J ンももと NAMN 'G.I Primarily Formed Candidate/ Primarily Formed Ballot Measure Officeholder Committee (Also Complete Part 7) (Also Complete Part 6) Sponsored Controlled Committee through 06-30-2015 from Statement covers period 01-01-2015 AREA CODE/PHONE Type or print in ink. Date of election if applicable: Ņ NAME OF TREASURER OPTIONAL: NAME OF ASSISTANT TREASURER, IF AN MAILING ADDRESS Treasurer(s) Type of Statement: Semi-annual Statement Preelection Statement (Month, Day, Year) LING ADDRESS Amendment (Explain below) マンクク Termination Statement (Also file a Form 410 Termination) 公りと くるるこ FAX / E-MAIL ADDRESS E 5~7R0 LIVERVI EN ALINGO THE A SEP 0 8 2015 Date Stamp RECEIVED 3 STATE 922 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Quarterly Statement Special Odd-Year Report かか Page \_\_\_ For Official Use Only AREA CODE/PHONE AREA CODE/PHONE S S COVER PAGE 460

Executed on	Executed on	Executed on $\frac{S}{S}/\frac{S}{S}$	Executed on 9 8 · 15
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Xoung Stratucky Assistant Treasurer
	•	•	•

CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR  ☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDIDATE	MITTEE NAME  I.D. NUMBER		NAME OF TREASURER  CONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  CONTROLLED COMMITTEE?  The primarily Formed Candidate/Officeholder Committee List names of conficeholder(s) or candidate(s) for which this committee is primarily formed.	COMMITTEE NAME I.D. NUMBER	e OFFICE SOUGHT OR HELD	Related Committees Not Included in this Statement: List any committees	RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  6)8 6(1)7 AVE 1/0 (TV)1/16 CM 92250  NAME OF CERCEPORES CANDIDATE OF CONTROLLED C	Trys GRIAL COURT SUBSTRICT NUMBER IF APPLICABLE)  BALLOT NO. OR LETTER JURISDICTION  JURISDICTION	Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee	
sheets if necessary		OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	sholder Committee List committee is primarily formed		DISTRICT NO. IF ANY	COZET	didate, or state measure pro	00	Committee	
	CPPOSE	SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	names of		ANY		ponent, if any.	SUPPORT OPPOSE		

19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	14. Miscellaneous increases to Cash Schedule I, Line 4  15. Cash Payments	12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts	Current Cash Statement	11. TOTAL EXPENDITURES MADE	d Bills)	7. Loans Made	Expenditures Made  6. Payments Made Schedule E, Line 4	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	UTIONS			Contributions Received	Committee To Elect Paymond R.	SEE INSTRUCTIONS ON REVERSE	Campaign Disclosure Statement Summary Page
<b>6</b>	<b>€</b> 9	4	\$ 1		\$ \\ \> \	٥	\$ 72.00		4	\$ 72.00	\$ 100.00	<b>69</b>	\$ 100.		Column A  TOTAL THIS PERIOD  (FROMATIACHED SCHEDULES)	R Castillo:		Type or print in lnk. Amounts may be rounded to whole dollars.
		for this calendar year, only carry over the amounts	figures that should be subtracted from previous period amounts. If this is	from Column B of your last report. Some amounts in Column A may be negative	To calculate Column B, add amounts in Column A to the corresponding amounts		\$ 72.00		←	\$ 72.00	\$ 100,00	ω.	\$ 100		Column B CALENDAR YEAR TOTAL TO DATE	Imposion County	through	fro
FPPC Toll-Free Helplin				reported in Column B.	*Amounts in this section m			Date of Election (mm/dd/yy)	22, Cumulativ	Expenditure Limit S Candidates	21. Expenditures Made \$	20. Contributions Received \$	1/1 th	General Elections	Calendar Year Summary for Candidate Running in Both the State Primary and	y 500V.D. S	through 06-30-2015	Statement covers period m 01-0+2015
FPPC Form 460 (January/05) FPPC Toll-Free Heipline: 866/ASK-FPPC (866/275-3772)					*Amounts in this section may be different from amounts	€ <del>9</del>	49	Total to Date	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Limit Summary for State	\$	<b>69</b>	1/1 through 6/30 7/1 to Date	,	Calendar Year Summary for Candidates Running in Both the State Primary and	1.D. NUMBER 1327497	Page 3 of S	CALIFORNIA 460

## Schedule A

Type or print in ink.
Amounts may be rounded

	ဗ
	荒
	일
	μ
_	-

						DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   COI RECEIVED	Committee To Elect Taymond RC	SEE INSTRUCTIONS ON REVERSE	Monetary Contributions Received
	LICOM OTH M	DD	SCC PTY SCC	OTH M	JSCC JSCC	CONTRIBUTOR CODE *	15/11/0		0 to x
SUBTOTAL\$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			to whole dollars.
3						AMOUNT RECEIVED THIS PERIOD		through 06-30-2015	trom 01-01-2015
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1.5	ļ ·	
						E PER ELECTION TO DATE (IF REQUIRED)	1.D. NUMBER 1327497	Page 4 of 5	CALIFORNIA 460

## Schedule A Summary

\$ 100.00	2. Amount received this period – unitemized monetary contributions of less than \$100
101	1. Amount received this period – itemized monetary contributions.  (include all Schedule A subtotals )

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

100.00

### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from 01.01-2015 Statement covers period

through 06-30-2015 CALIFORNIA FORM

460

SCHEDULEE

Page S 1.5. NUMBER 132749) 1 3

ay enter the code. Otherwise, describe the payment.  RAD radio airtime and production costs RED returned contributions.  SAL campaign workers' salaries TRA Staff'spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration VOT voter registration VEB information technology costs (internet, e-mail)  DE OR DESCRIPTION OF PAYMENT  AMOUNT PAID  AMOUNT PAID  AND FEED  SUBTOTAL \$  SUBTOTAL \$	Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)	Payments that are contributions or independent expenditures must also be summarized on Schedule D.		Chion BANK 560 WEST MAIN FC CENTRO CS 92243	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  OMP campaign paraphermalia/misc.  CNS campaign consultants  CNS campaign paraphermalia/misc.  MER member communications  OFC office expenses  PET petition circulating  PHO phone banks  FNO phone banks  POL polling and survey research  Independent expenditure supporting/opposing others (explain)*  PRO professional services (legal, accounting)  PRO professional services (legal, accounting)  PRO print ads  OFC office expenses  SAL campaign workers' salar  TEL t.v. or cable airtime and phone to contributions  Campaign workers' salar  PHO phone banks  POS postage, delivery and messenger services  VOT voter registration  WEB information technology or cappaign for the code. Otherwise, describe the payment.  PRO professional services (legal, accounting)  PRO professional services (legal, accounting)  PRO professional services (legal, accounting)	Committee To ECECT TERYMOND R. CASTIllo
				PRO BANK FEE'S		member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and productio TRC candidate travel, lodging, and messenger services TSF transfer between committees of t	ImpERIAl County SUPINDS

### Recipient Committee \$ 1.1

COVER PAGE

Cover Page				FORM 400
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election If applicable:	ਰ 	Page / of S
	12	(Month, Day, Year)	<del>د</del>	or Official U
SEE INSTRUCTIONS ON REVERSE	through 12-31-2015	11-04-2014	REGISTRAR OF VOTERS	ĩs
1. Type of Recipient Committee: All Committees - C	All Committees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
er, Candidate Controlled Committee Sandidate Election Committee	Primarily Formed Ballot Measure Committee	<ul><li>Preelection Statement</li><li>Semi-annual Statement</li></ul>	☐ Quarte	Quarterly Statement Special Odd-Year Report
	Controlled Sponsored (Also Camplete Pert 6)		ation)	Supplemental Preelection Statement - Attach Form 495
	Primarity Formed Candidate/	Amendment (Explain below)		
O Political Party/Central Committee	(Also Complete Part 7)		85.	
	1.D. NUMBER 1.32 7497			
106 % CC65	Rynand R. CASTIR	NAME OF TREASURER	SALDANA	
STREET ADDRESS (NO P.O. BOX)	PERVISOR DISTS	1335 XV		
678 OLIVE AVE	ļ	/ (G/V	CA 92243	AREA CODE/PHONE
	250	N KLOW	REASURER IF ANY	
1256		POROX 1056	4	
OPTIONAL: FAX / F-MAIL ADDRESS	4 760-222-5049		STATE ZIP CODE	AREA CODE/PHONE
roymond - castille @yahor. com	?	יייייייייייייייייייייייייייייייייייייי	300	
. 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.	g this statement and to the best of my knowle in that the foregoing is true and correct.	edge the information contained here	in and in the attached schedules	s is true and complete. I certify
Executed on 275-2016	N X O(M)	2 de		
Executed on 2-/45-2016	By Signature of Controlli	Signalure of Controlling Officeholder, Candidate State Measure Programmer of	easurer Passons in Ottown 19	[
Executed on	BySign	Signature of Controlling Office holder, Cartolliate, State Measure Proponent	Carididate, State Measure Proponent	1
Executed on	BySign	Signature of Controlling Officeholder, Candidate, State Measure Proponent	le Measure Proponent	

Page \_\_

å M

CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BO)	NAME OF TREASURER	COMMITTEE NAME   I.D. NUMBER	MITTEE ADDRESS (NO F	NAME OF TREASURER CONTROLI	COMMITTEE NAME 1.D. NUMBER	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	TANDERIT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF DEFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee
AREA CODE/PHONE	S NO	CONTROLLED COMMITTEES	BER		CONTROLLED COMMITTEE?	BER	arily formed to receive	List any committees	STATE ZIP (A) 9225()	IF APPLICABLE)		
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE C		NAME OF OFFICEHOLDER OR CANDIDATE C		7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
sheets if necessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	older Committee List		DISTRICT NO. IF ANY	ONENT	date, or state measure pro			mmittee
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	List names of ormed.		ANY		ponent, if any.	SUPPORT OPPOSE		

Campaign Disclosure Statement  An Summary Page	Type or print in ink. Amounts may be rounded to whole dollars.	Statem	Statement covers period	SUMMARY PAGE CALIFORNIA 460 FORM
ACE INSTRITOTIONS ON REVERSATI		through 12	- 3/2	Page 3 of 5
Committee to Elect Raymond R.	Castillo Imperial	County	Supr. Dists	1.D. NUMBER 1321491)
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	\$0.5	150	General Elections	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$	<b>∽</b>		20. Contributions Received \$	Gr.
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$	50 \$	150	21. Expenditures Made \$	(s)
xpenditures Made Payments Made	72 \$	144	Expenditure Limit Summary for State Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$	•		22. Cumulativ	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary AdjustmentSchedule C. Line 3 11. TOTAL EXPENDITURES MADE	72 \$	144	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement  12. Beginning Cash Balance Previous Summery Page, Line 16 \$  13. Cash Receipts	To ca	To calculate Column B, add amounts in Column A to the		<b>⇔</b>
14. Miscellaneous Increases to Cash Schedule I, Line 4	report.	report. Some amounts in	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
ALANCE Add Lines 12 + 13 + 1 tion statement, Line 16 must be zero	figun subti	Column A may be negative figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	for the carry	the mat report being med for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse \$	from any).	Lines 2, 7		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$			FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Schedule A

Type or print in Ink.

Amounts may be rounded

(O)
C
Ŧ
而
123
$\mathbf{v}$
TITL I

Monetary (	Monetary Contributions Received	to v	to whole dollars.	from 00.01-2015	1-2015	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 12 - 31 - 2015	1-2015	Page 4 of 5
NAME OF FILER	Tommittee To Elect Payment R. Cartille	1/2. CA	Imp 6.5	UPGRVIAR Dix 5	`	1327497
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION AR TO DATE (IF REQUIRED)
8/1/18	Phymonel Cistilli	□ SCC	SGLF (Andidate	50	05/	
		□ SCC				
		OSCC SCC				
		O SCC				
		OSCC OSCC				
			\$UBTOTAL			

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

IND – Individual
COM – Recipient Committee

\*Contributor Codes

5 ÷,

3. Total monetary contributions received this period.

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

Schedule A Summary

### Schedule E Payments Made

Type or print in lnk.
Amounts may be rounded

Statement covers period CALIFORNIA ACO

Payments Made to whole dollars.	ollars.		fron	from 09-01-2015	2015	FORM	400
EE INSTRUCTIONS ON REVERSE			thro	through 12-31-2015		Page S	of 5
Committee to Elect Daymond R. astille	Imperiol		Ar Sup	County Supr. Dist 5	VI	1327497	497
DDES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment payment payment payment payment, you may enter the code. Otherwise, describe the payment Payment payment, you may enter the code. Otherwise, describe the payment Payment payment, you may enter the code. Otherwise, describe the payment Payment, you may enter the code. Otherwise, describe the payment Payment, you may enter the code. Otherwise, describe the payment Payment, you may enter the code. Otherwise, describe the payment Payment, you may enter the code. Otherwise, describe the payment Payment, you may enter the code. Otherwise, describe the payment Payment Payment Payment Payment, you may enter the code. Otherwise, describe the payment	ayment, you may enter member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	ayment, you may enter the code. Ot member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	herwise, d RAD RFD SAL TEL TRC TRS TSF VOT WEB	escribe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same can voter registration information technology costs (internet, e-mail)	ayment.  d production coutions ars' salaries me and produc nodging, and n vel, lodging, an n committees o n nology costs (i	ists ition costs neats d meats of the same or	scribe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staffspouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mal)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	7	DESCRIPTION	ESCRIPTION OF PAYMENT	A		AMOUNT PAID
Chien BANK SEO WEST MAIN (CONTRO CACIF. 9224)	PRO	an wh	10 gs			.5	)گ'رہ
Payments that are contributions or independent expenditures must also be summarized	rized on Sc	on Schedule D.			SUB.	SUBTOTAL\$	72.0
Schedule E Summary  I. Itemized payments made this period. (Include all Schedule E subtotals.)						<b>,</b>	2.,,
2. Uniternized payments made this period of under \$100						<b>с</b> я (	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) I. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6).	, Column (e le Summary	9).)	1A. Line 6.		TOTAL \$		33.60